



877.807.4122 | SMEADCAP.COM

Form Instructions

Use this COVERDELL ESA Application to open a *COVERDELL ESA*.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

Check here if amendment

Please send completed form to:

To: Smead Funds

C/O BFDS
PO Box 2175
Milwaukee WI 53201-2175

Attn: Smead Funds

C/O UMB Fund Services, Inc.
235 W Galena Street
Milwaukee WI 53212-3948

Section 1 | DEPOSITOR INFORMATION (THE PERSON OPENING THE ESA)

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCE ADDRESS	MAILING ADDRESS	
<input type="text"/>	<input type="text"/>	
PRIMARY PHONE	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Section 2 | DESIGNATED BENEFICIARY INFORMATION (THE STUDENT)

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCE ADDRESS	MAILING ADDRESS	
<input type="text"/>	<input type="text"/>	
PRIMARY PHONE	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien



Section 3 | RESPONSIBLE INDIVIDUAL INFORMATION (GENERALLY A PARENT OR GUARDIAN)

NAME TAXPAYER ID NUMBER DATE OF BIRTH

RESIDENCE ADDRESS MAILING ADDRESS

PRIMARY PHONE EMAIL ADDRESS

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other

Section 4 | AUTHORITY OF RESPONSIBLE INDIVIDUAL

Option 1: (If no box is checked below, the answer will default to be "No."):

Yes No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) in accordance with the Custodian's procedures.

Option 2: (If no box is checked below, the answer will default to be "No."):

Yes No The Responsible Individual shall continue to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

Section 5 | SUCCESSOR RESPONSIBLE INDIVIDUAL

If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the person designated below, will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

NAME TAXPAYER ID NUMBER DATE OF BIRTH

RESIDENCE ADDRESS MAILING ADDRESS

PRIMARY PHONE EMAIL ADDRESS

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other

Section 6 | CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular Contribution Amount: _____ Tax Year: _____
 Direct Transfer Total Amount: _____ Basis: _____ Earnings: _____
 Rollover Total Amount: _____ Basis: _____ Earnings: _____
 Other Explain: _____



Section 7 | PAYMENT METHOD

You can open your account using any of these methods. Please check your choice:

- By check Enclose a check payable to Smead Value Fund for the total amount.
Note: Cashier's checks of \$10,000 or less, money orders of any amount or third party checks are not accepted.
- By wire For wire instructions call 877.807.4122. Note: A completed application is required in advance of a wire.
- Other

Section 8 | INVESTMENT SELECTION

<input type="checkbox"/> Smead Value Fund Investor Shares 601	INVESTMENT AMOUNT \$500 Minimum <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Smead Value Fund I1 Shares 602	INVESTMENT AMOUNT \$1,000,000 Minimum <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Smead Value Fund Y Shares 604	INVESTMENT AMOUNT \$10,000,000 Minimum <input style="width: 100%;" type="text"/>

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Section 9 | DEATH BENEFICIARY DESIGNATION

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the primary beneficiaries who survive the Designated Beneficiary. If no primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the contingent beneficiaries who survive the Designated Beneficiary. The beneficiary designation may be changed or revoked at any time by completing a new *Coverdell ESA Change of Designation Form* and providing it to the ESA Custodian.

Type: Primary Contingent Share Percentage _____ %

Relationship to the Designated Beneficiary: Family Member Not a Family Member

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ADDRESS	CITY / STATE / ZIP	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Type: Primary Contingent Share Percentage _____ %

Relationship to the Designated Beneficiary: Family Member Not a Family Member

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ADDRESS	CITY / STATE / ZIP	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	



Type: Primary Contingent Share Percentage _____ %

Relationship to the Designated Beneficiary: Family Member Not a Family Member

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>

Type: Primary Contingent Share Percentage _____ %

Relationship to the Designated Beneficiary: Family Member Not a Family Member

NAME	TAXPAYER ID NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a Trust as your beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian.

Section 10 | SPOUSAL CONSENT

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

SIGNATURE OF SPOUSE OF DESIGNATED BENEFICIARY	DATE
<input type="text"/>	<input type="text"/>

WITNESS	DATE
<input type="text"/>	<input type="text"/>

Section 11 | ACCOUNT SERVICE OPTIONS FOR YOUR ESA

Systematic investment program *(The completion of this section is optional)* This option provides an automatic investment into the ESA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to the ESA using the automatic investment option will be for the current tax year.



Frequency:

Choose one*: Monthly or Quarterly Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

Investment Information:

Fund Name: Amount (\$): **Bank Account Information** Provide information about your checking or savings account to establish a systematic investment program by ACH.

Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
 Provide information about your bank account below.

Enter your checking or savings account information: Account Type: Checking Savings

NAME

TAXPAYER ID NUMBER

DATE OF BIRTH

NAME OF BANK

BANK'S PHONE NUMBER

BANK ADDRESS

ABA ROUTING NUMBER

CITY

STATE

ZIP

NAME(S) ON BANK ACCOUNT

BANK ACCOUNT NUMBER

John and Jane Doe		1003
123 Any Street		Date _____
Anytown, USA 12345		
<input type="text"/>		
PAY TO THE		
ORDER OF _____		\$ <input type="text"/>
_____ DOLLARS		

Tape your voided check or preprinted deposit slip here.

Section 12 | DUPLICATE ACCOUNT STATEMENT Yes, please send a duplicate statement to:

NAME

MAILING ADDRESS

CITY

STATE

ZIP



Section 13 | FOR DEALER USE ONLY

Yes, please send a duplicate statement to:

REPRESENTATIVE'S NAME

REPRESENTATIVE'S SIGNATURE

DATE

SUPERVISOR'S NAME

SUPERVISOR'S SIGNATURE

DATE

FINANCIAL INSTITUTION NAME

MAILING ADDRESS

REPRESENTATIVE'S BRANCH OFFICE TELEPHONE NUMBER

CITY/STATE/ZIP

DEALER NUMBER

BRANCH NUMBER

REPRESENTATIVE NUMBER

Section 14 | ACKNOWLEDGEMENT

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the *Coverdell ESA Application*, *IRS Form 5305-EA*, *Disclosure Statement* and applicable fee schedules. I agree to be bound to their terms and conditions. I understand that I am responsible for the Coverdell ESA transactions, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Coverdell ESA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

DEPOSITOR SIGNATURE

DATE

RESPONSIBLE INDIVIDUAL'S SIGNATURE (IF DEPOSITOR IS NOT THE RESPONSIBLE INDIVIDUAL)

DATE

CUSTODIAL ACCEPTANCE

UMB Bank, n.a.'s acceptance of this appointment as Custodian shall be effective upon the delivery of a confirmation notice to the Responsible Individual or Designated Beneficiary reflecting the initial investment transaction into any Fund indicated on this form.