Ave Maria Mutual Funds
Coverdell ESA Transfer Request

PO Box 46707
Cincinnati, OH 45246
(888) 726-9331
(877) 513-0756 fax

A

DESIGNATED BENEFICIARY'S NAME AND ADDRESS (Transferring Coverdell ESA)	CURRENT COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS

Social Security Number	Date of Birth	Phone	Coverdell ESA Account Identification (Transferring Coverdell ESA)	Custodian's Phone Number

RULES AND CONDITIONS APPLICABLE TO TRANSFERS

This form should only be used when Coverdell ESA assets are being moved directly from financial institution to financial institution. Thus, as noted below, the check will be made payable directly to the receiving Coverdell ESA Trustee or Custodian. Transfer of Coverdell ESA assets is a reportable transaction to the IRS.

NOTE: *IRS 1099-Q instructions require that in a transfer between Coverdell ESAs, the distributing Coverdell ESA Custodian must provide the receiving Coverdell ESA Custodian with a statement reporting the earnings portion of the distribution within 30 days of the distribution or January 10, whichever is earlier.*

B

INVESTMENT INSTRUCTIONS

☐ New Account (application attached) ☐ Existing Account (list number below)

_____

Invest the Assets in the following manner:

STOCK FUNDS

☐ Ave Maria Growth Fund – AVEGX $_____ or _____%

☐ Ave Maria Rising Dividend Fund – AVEDX $_____ or _____%

☐ Ave Maria Value Fund – AVEMX $_____ or _____%

☐ Ave Maria Undiscovered Fund – AVEUX $_____ or _____%

☐ Ave Maria World Equity Fund – AVEWX $_____ or _____%

. . . . . .

☐ Ave Maria Growth Focused Fund – AVEAX $_____ or _____%
(formerly the Ave Maria Focused Fund)

☐ Ave Maria Value Focused Fund – AVERX $_____ or _____%
(formerly the Schwartz Value Focused Fund)

BOND & CASH FUNDS

☐ Ave Maria Bond Fund – AVEFX $_____ or _____%

☐ Ave Maria Money Market Account – GOAXX $_____ or _____%

Total 100%

TRANSFER INSTRUCTIONS

☐ In-Kind Transfer of Ave Maria Mutual Funds Shares (Do not liquidate)

or

☐ Liquidate and Transfer (select one option below):

☐ All

☐ Partial $_____ or _____ %

☐ Other – Attached are additional transfer instructions

Name of Asset to be liquidated:

_____

Please make a check payable as follows:

Ave Maria Mutual Funds
FBO <Shareholder Name> CESA
Account # _____
PO Box 46707
Cincinnati, OH 45246

C

SIGNATURE OF RESPONSIBLE INDIVIDUAL

I hereby appoint First National Bank of Omaha, N.A. to serve as Custodian in accordance with the terms and conditions of this document and hereby acknowledge that I have read the Disclosure Statement contained herein and understand that the account is subject to an annual fee of $15. I hereby certify that the above Social Security Number is true and correct.

I certify that I am the proper party to authorize the transfer of the Coverdell ESA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

_____ _____
(Coverdell Responsible Individual) (Date)

ACCEPTING COVERDELL ESA TRUSTEE OR CUSTODIAN

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

_____ _____
(Authorized Signature of New Trustee or Custodian) (Date)

Please contact your resigning trustee/custodian as they may require a member of the medallion program to guarantee your signature.

Medallion Signature Guarantee