



College Savings Account Application (Coverdell ESA Application Agreement)

▲ 1. Information about responsible individual (must be a parent or legal custodian of the child)

Full Name (First, Middle, Last):

Date of Birth:

SSN:

Phone:

E-mail address

Current Address:

City

State

Zip Code

▲ 2. Designated beneficiary information (the minor child for whom the account is being established)

Full Name (First, Middle, Last):

Date of Birth:

SSN:

▲ 3. Depositor information (the person establishing the account and making the initial contribution)*

Full Name (First, Middle, Last):

SSN:

* The IRS requires us to retain the name and Tax ID number of the "Depositor." The Depositor is the person establishing the account and providing the initial funding. If these are the same, please write "same as responsible individual."

▲ 4. Information to be provided by the depositor

Check here if the responsible Individual is to retain control of the account after the Designated beneficiary reaches the age of majority under state law and until such a time as all assets have been distributed from the custodial account and the custodial account terminates. otherwise, the Designated beneficiary becomes the responsible Individual.

Check here if 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.

▲ 5. Initial investment (Check one)

Annual contribution: \$

The enclosed check represents a Transfer/Rollover from an existing Coverdell ESA (issued by prior custodian to Simple Capital Fund)

▲ 6. Designation of a death beneficiary

- Please take care in choosing your beneficiaries and, of course, make plans to periodically review your beneficiaries to make sure nothing should change.
- If a named designated death beneficiary is a qualified family member under the age of 30 on the date of the designated beneficiary's death, then the designated death beneficiary shall assume the eSA as his or her own. Consequently, the ESA retains its status, and no tax consequences result from the transfer. The age 30 limitation may be waived for designated death beneficiaries with special needs.
- If no beneficiaries are designated, or if there are no beneficiaries living at the time of your death, your estate will generally be entitled to your account assets.
- You may change the beneficiary(ies) at any time after the initial designation by notifying Huntington Bank, N.A. in writing. Each new beneficiary designation will cancel all previous designations, unless specified otherwise.
- Percentages for beneficiaries must total 100% for each section. If not, transfers shall be made proportionally on the percentages stated. If no percentages are indicated, each primary beneficiary who survives you will receive equal percentages of your account.
- If multiple beneficiaries are listed and a beneficiary does not survive you, his or her percentage will be divided equally among the remaining eligible beneficiaries, unless previously stated otherwise.
- Contingent beneficiaries are entitled to receive your account only if there are no surviving Primary beneficiaries at the time of your death.

Name of primary beneficiary	SSN/TaxID No	% of share	Date of birth/trust

Name of secondary beneficiary	SSN/TaxID No	% of share	Date of birth/trust

▲ 7. Systematic investment

Withdraw \$ per month from the bank account named below, and invest it in the Simple Capital Fund.

Initiate withdrawals on the of each month. If no withdrawal day is selected, we will default to the 15th of each month.

BANK INFORMATION (Attach a “voided” check or bank deposit slip preprinted with account information. Bank information belonging to a third party may require additional documentation. Please call Mutual Shareholder Services for more information).

Account Type: Checking Account Savings Account NOW/Money Market Account

Bank Name

Bank Routing Number

City

State

Bank Account Number

▲ 8. Electronic delivery

By checking this box and supplying your e-mail address in Section 1, you are consenting to receiving documents such as account statements, annual and semi-annual reports of the Simple Capital Fund via e-mail instead of in paper format by regular mail. You may revoke this consent and elect to receive paper format at any time by contacting a shareholder representative or writing to Simple Capital Fund.

▲ 9. Responsible individual signature and certification

I hereby adopt this Coverdell Education Savings Account plan, appointing Huntington Bank, N.A. to serve as Custodian and to perform the administrative services of this plan. I have received and read the prospectus for the Simple Capital Fund. In addition, I have received and read a copy of the Adoption Agreement, Custodial Agreement and Disclosure Statement, and I understand the eligibility requirements for the type deposit I am making, as well as any fees to which my account(s) may be subject. I understand that I am responsible for determining my eligibility for Coverdell ESA each year I make a contribution, and that all contributions I make are within the limits set forth by the tax laws. I also assume complete responsibility for the tax consequences of any contributions (including rollover contributions) and distributions that I make, and I certify under penalties of perjury that my Social Security number and that of my child, as printed in Section 1, is correct. I acknowledge that identifying information is required before the account can be opened and is subject to verification by my financial professional, the Fund or its agents. If verification is unsuccessful, the Simple Capital Fund may close my account, redeem my shares at the next NAV minus any applicable sales charges, and take other steps that it deems reasonable.

Signature of Responsible Individual

Date

Acceptance by Huntington Bank N. A.

▲ 10. Mailing instructions

Please mail completed application and check made payable to “Simple Capital Fund” to the following address:

Simple Capital Fund
c/o Mutual Shareholder Services
8000 Town Center Dr. Suite 400
Broadview Heights, OH 44147

For more information about the Simple Capital Fund,
please visit us at
www.simplecapital.com