

Use this Coverdell ESA Transfer Request Form to move ESA assets from one Coverdell ESA to another.

Mailing Instructions

Please send completed form to:

Regular Mail Delivery

The Oberweis Funds
P.O. Box 711
Milwaukee, WI 53201-0711

Overnight Delivery

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

For assistance in completing this application, please call 1-800-245-7311.

1. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name of Current ESA Trustee/Custodian

Phone

Mailing Address

2. CURRENT COVERDELL ESA INFORMATION (DISTRIBUTING ESA)

Current ESA Account/Plan Number

3. DESIGNATED BENEFICIARY INFORMATION (RECEIVING ESA)

Name

Taxpayer ID Number

Residence Address

Mailing Address

Primary Phone

Email Address

Date of Birth

4. DESIGNATED BENEFICIARY INFORMATION (DISTRIBUTING ESA)

Note: Complete this section only if the ESA assets are coming from an ESA with a different Designated Beneficiary than the Designated Beneficiary identified in Section 3 above.

Name

Taxpayer ID Number

Residence Address

Mailing Address

Primary Phone

Email Address

Date of Birth

5. RESPONSIBLE INDIVIDUAL INFORMATION

Name

Taxpayer ID Number

Residence Address

Mailing Address

Primary Phone

Email Address

Date of Birth

6. LIQUIDATION INSTRUCTIONS

I authorize and direct the current ESA Trustee or Custodian to liquidate assets as follows (select one):

- Immediately liquidate all assets and send the cash proceeds to the new ESA Trustee/Custodian identified below.
- Partially liquidate \$ _____ of the current ESA (amount to be transferred) and send the proceeds to the new ESA Trustee/Custodian identified below. (Note to ESA Responsible Individual: Attach additional written liquidation instructions, if necessary.)
- Other (describe): _____

7. TRANSFER INSTRUCTIONS

- By Check** Enclose a check payable as follows:
 _____ as the ESA Trustee Custodian FBO _____ ESA.
- By Wire** For wire instructions call 800-245-7311.

8. INVESTMENT SELECTION

Name of Investment	Allocation
Oberweis Emerging Growth Fund	\$ _____ OR _____ %
Oberweis Micro Cap Opportunities Fund	\$ _____ OR _____ %
Oberweis Small Cap Opportunities Fund	\$ _____ OR _____ %
Oberweis China Opportunities Fund	\$ _____ OR _____ %
Oberweis International Opportunities Fund	\$ _____ OR _____ %
	TOTAL \$ _____ OR _____ %

9. BASIS AND EARNINGS INFORMATION (to be completed by the Distributing Trustee/Custodian)

Total transferred amount \$ _____ consists of \$ _____ basis and \$ _____ earnings.

10. ACKNOWLEDGEMENTS

By signing this *Coverdell ESA Transfer Request Form*, I certify that I am the Responsible Individual; the information provided is true, correct, and complete; and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. The Trustee/Custodian agrees to accept this transfer as instructed above.

X _____
 Signature of Responsible Individual Date

ACCEPTANCE:
 By signing below, the Trustee/Custodian of the receiving ESA agrees to accept this transfer as instructed above.

X _____
 Signature of Receiving ESA Trustee/Custodian Representative Date