

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.

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 800-245-7311.

1. DEPOSITOR INFORMATION (the person opening the ESA)

Name	Taxpayer ID Number
Residence Address	
Mailing Address	
Primary Phone	Email Address
Date of Birth	
U.S. Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien	

2. DESIGNATED BENEFICIARY INFORMATION (the student)

Name	Taxpayer ID Number
Residence Address	
Mailing Address	
Primary Phone	Email Address
Date of Birth	
U.S. Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien	

3. RESPONSIBLE INDIVIDUAL INFORMATION (generally a parent or guardian)

Name	Taxpayer ID Number
Residence Address	
Mailing Address	
Primary Phone	Email Address
Date of Birth	
U.S. Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien	
Relationship to the Designated Beneficiary: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	

4. AUTHORITY OF RESPONSIBLE INDIVIDUAL

For each option, if no box is checked, the answer will default to "No."

Option 1: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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
Residence Address	
Mailing Address	
Primary Phone	Email Address
Date of Birth	
U.S. Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien	
Relationship to the Designated Beneficiary: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	

6. CONTRIBUTION INFORMATION
Source of Funds (select one):

<input type="checkbox"/> Regular Contribution	Amount: _____	Tax Year(s): _____
<input type="checkbox"/> Direct Transfer	Total Amount: _____	Basis: _____ Earnings: _____
<input type="checkbox"/> Rollover	Total Amount: _____	Basis: _____ Earnings: _____
<input type="checkbox"/> Other	Explain: _____	

7. PAYMENT METHOD

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

<input type="checkbox"/> By Check	Enclose a check payable to _____ for the total amount.
<input type="checkbox"/> By Wire	For wire instructions call 800-245-7311.
<input type="checkbox"/> Other	Explain: _____

8. INVESTMENT SELECTION

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

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.

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 Beneficiary: Family Member Not a Family Member

Name _____ Taxpayer ID Number _____ Date of Birth _____

Address _____

Type: Primary Contingent Share Percentage: _____% Relationship to Beneficiary: Family Member Not a Family Member

Name _____ Taxpayer ID Number _____ Date of Birth _____

Address _____

Type: Primary Contingent Share Percentage: _____% Relationship to Beneficiary: Family Member Not a Family Member

Name _____ Taxpayer ID Number _____ Date of Birth _____

Address _____

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.

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.

X

Signature of Spouse of Designated Beneficiary

Date

X

Signature of Witness

Date

11. ACCOUNT SERVICE OPTIONS FOR YOUR ESA
Systematic Investment Program *(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

Monthly, on the _____ day of each month. Quarterly, on the _____ day of January, April, July, and October.

Other (please specify) _____

Investment Information

Investment Name	Investment Identification Number	\$ Amount
Investment Name	Investment Identification Number	\$ Amount

Bank Account Information

Provide information about your checking or savings account to establish an automatic 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.

Account Type: Checking Savings

Name	Taxpayer ID Number	Date of Birth
Bank Name	Bank Phone Number	ABA Routing Number
Bank Address, City, State, Zip		
Name(s) on Bank Account	Bank Account Number	
Name(s) on Bank Account	Bank Account Number	

Tape your voided check or preprinted deposit slip here

Please DO NOT use staples.

12. DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name

Mailing Address, City, State, Zip

13. ACKNOWLEDGEMENT (Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian 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.

X

Depositor Signature

Date

X

Responsible Individual's Signature (complete if Depositor is NOT the Responsible Individual)

Date

X

Signature of Coverdell ESA Custodian Representative

Date