



# Coverdell Education Savings Account Application

1-800-243-1575

Please return this application to Selected Funds, P.O. Box 8243, Boston, MA 02266-8243. For overnight mail: Selected Funds, 30 Dan Road, Canton, MA 02021. This application can be downloaded from our website, www.selectedfunds.com. Funds available for purchase by U.S. Citizens or resident aliens only.

**TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS AND USE BLACK INK.**

**A. YOUR INVESTMENT – Please complete Part 1 – AND – Part 2 in this section.**

**1. Purchase Method**

- Check enclosed for \$ \_\_\_\_\_ payable to Selected Funds. **NO THIRD PARTY CHECKS, STARTER CHECKS, TRAVELER’S CHECKS, OR MONEY ORDERS, PLEASE.**

| 2. Fund Name                   | Fund No. | Objective   | Dollar Amount (\$1,000 minimum per fund) |
|--------------------------------|----------|---|--|
| Selected American Shares       | 205      | Capital appreciation from large cap stocks                        | \$ _____                                 |
| Selected Special Shares        | 204      | Long-term capital appreciation from an emphasis on mid cap stocks | \$ _____                                 |
| Selected Daily Government Fund | 201      | Safety and current income   | \$ _____                                 |

**3. Contribution Information**

1. Annual contributions

|          |                     |          |                     |
|----------|---------------------|----------|---------------------|
| _____    | \$ _____            | _____    | \$ _____            |
| Tax Year | Contribution Amount | Tax Year | Contribution Amount |

2. Rollover or transfer of existing Coverdell Education Savings Account

- Transfer of existing Coverdell Education Savings Account. Complete the separate Coverdell Education Savings Account Transfer Request form and return it with this form.
- Rollover of distribution from existing Coverdell Education Savings Account.

**B. STUDENT INFORMATION (DESIGNATED BENEFICIARY)**

\_\_\_\_\_

Name (Print Full Name) (First, MI, Last)

\_\_\_\_\_

Residential or Business Address

Suite/Apartment

\_\_\_\_\_

City

|       |          |           |                          |
|-------|----------|-----------|--------------------------|
| _____ | _____    | ( _____ ) | _____ - _____            |
| State | Zip Code | + 4       | Daytime Telephone Number |

\_\_\_\_\_

Mailing Address (Required if different from above)

Suite/Apartment

\_\_\_\_\_

City

|       |          |       |                       |                              |                             |
|-------|----------|-------|-----------------------|------------------------------|-----------------------------|
| _____ | _____    | _____ | Special needs student | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State | Zip Code | + 4   |                       |                              |                             |

|       |       |                                       |   |
|-------|-------|---------------------------------------|---|
| _____ | _____ | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Resident Alien |
|-------|-------|---------------------------------------|---|

Social Security Number (Required) (Will be used for tax reporting purposes).

Birth Date (Month, Day, Year)

**C. PARENT INFORMATION (RESPONSIBLE INDIVIDUAL)**

Only one person may be listed as parent. Complete this section only if student has not yet reached the age of majority in state of residence.

Mother  Father  Guardian (If "guardian," submit proof of guardianship.)

[Redacted Name Field]

Name (Print Full Name) (First, MI, Last)

[Redacted Address Field]

Residential or Business Address

Suite/Apartment

[Redacted Address Field]

City

[Redacted City Field]

State

Zip Code

+ 4

Daytime Telephone Number

[Redacted Address Field]

Mailing Address (Required if different from above)

Suite/Apartment

[Redacted Address Field]

City

[Redacted City Field]

State

Zip Code

+ 4

U.S. Citizen  Resident Alien

[Redacted Birth Date Field]

Social Security Number (Required) (Will be used for tax reporting purposes).

Birth Date (Month, Day, Year)

- Check here if the Responsible Individual may change the Designated Beneficiary to another member of the Designated Beneficiary's family.
- Check here if the Responsible Individual will continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority.
- Check here if the Designated Beneficiary will become the Responsible Individual if the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority.

**D. DONOR INFORMATION — Complete only if different than Responsible Individual.**

Donor is:  Mother  Father  Guardian  Grandparent  Corporate entity  Other

[Redacted Name Field]

Name (Print Full Name) (First, MI, Last)

[Redacted Address Field]

Address

Suite/Apartment

[Redacted Address Field]

City

[Redacted City Field]

State

Zip Code

+ 4

Daytime Telephone Number

[Redacted Address Field]

Social Security Number (Required).

**E. DEALER INFORMATION — When opening an account through a dealer, please have them complete this section.**

[Redacted Dealer Name Field]

Dealer Name (As it appears on the Selling Agreement) – Please avoid abbreviations.

Address of the Home Office

Branch Street Address

City State Zip Code

City State Zip Code

Authorized Signature of Dealer

Registered Representative's Number

[Redacted Signature Field]

[Redacted Registered Representative's Number Field]

Registered Representative's Name

Registered Representative's Telephone Number



**J. DESIGNATION OF DEATH BENEFICIARY**

**Designated Death Beneficiary's Information** (Designated *Death Beneficiary* must be a family member of the Designated Beneficiary. In the event of the Designated Beneficiary's death, the Designated Death Beneficiary will become the Designated Beneficiary, provided Designated Death Beneficiary is less than age 30 at date of death.)

| Name | Birth Date | Relationship | Type of Beneficiary  | Share % |
|------|------------|--------------|--|---------|
|      |            |              | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT |         |
|      |            |              | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT |         |
|      |            |              | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT |         |
|      |            |              | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT |         |
|      |            |              | <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT |         |

**K. CERTIFICATIONS AND SIGNATURES**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 to see your driver's license or other identifying documents.

I am of legal age and have read the current prospectus(es), and this application. I hold harmless and indemnify Davis Distributors, LLC, each of the mutual funds for which it is distributor ("Selected Funds") and each of their respective partners, sub-advisers, directors, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur in connection with my instructions in this application and any other instructions given in writing, by telephone or electronically and reasonably believed to be genuine. **Under the penalty of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number.** If I am affiliated with, or work for, a FINRA member firm, I will attach information concerning my employment. This application shall apply to any Selected Funds account I establish at any later date unless specifically changed in writing.

If this is a Rollover Coverdell Education Savings Account, the undersigned certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no rollover into a Coverdell Education Savings Account has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the Student identified in Item A above is either the person for whose benefit the prior Coverdell Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Coverdell Education Savings Account, the undersigned certifies that the Student is less than 18 years old and that all Contributions made on the Student's behalf to this or any other Coverdell Education Savings Account do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Coverdell Education Savings Account, the undersigned certifies that the Student is less than 30 years old and that the relationship indicated in Section D is correct.

The undersigned acknowledges having received and read the "Coverdell Education Savings Account Disclosures Statement" relating to this Account (including the Custodian's fee schedule) and the Education Individual Retirement Custodial Agreement, at least 7 days before the date of signature (as indicated below) and acknowledges that there is no further right of revocation.

If the Responsible Individual or Donor is affiliated with, or employed by, a stock exchange, member firm of an exchange or FINRA or a municipal securities broker-dealer, it will be your responsibility to inform your employer of the establishment of this account.

\_\_\_\_\_  
Signature of Student  
(if student has reached age of majority in his/her state of residence)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien.

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

By signing above, I certify that I am a U.S. citizen or resident alien with a certified taxpayer I.D. Funds not available for purchase by non-resident alien.

**Custodian Acceptance.** State Street Bank and Trust Company will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Depositor's Account.