

# Oak Associates Funds

## Coverdell Education Savings Account Application

Please return application and forms to:

Oak Associates Funds  
P.O. Box 219441  
Kansas City, MO 64121-9441

For overnight packages:

DST Systems  
c/o Oak Associates Funds  
430 W. 7th Street  
Kansas City, MO 64105

The information you provide will be verified as required by the USA Patriot Act. You must complete steps 1,2,3,4,5, 6 and 10 to open an account. Failure to complete these sections may result in the rejection of your application.

For assistance in completing this application, please call 1-888-462-5386 from 8:30am to 8:00pm EST or visit our website at [www.oakfunds.com](http://www.oakfunds.com).

Documents provided in connection with your application will be used solely to establish and verify your identity. The fund will have no obligation with respect to the terms of any such document.

**Print or type in your information.**

**Please Note: Direct Rollovers are dependent upon the release of your assets by your existing trustee/custodian.**

**Step 1 Student's Information**

*Please note only one student and one responsible adult are permitted per account.*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

(If no Social Security exists for the Student, please provide documentation of Form SS-5, the application for a Social Security number.)

**You must check one: For non-resident aliens a copy of a government issued ID must be included with the application.**

- U.S. Citizen     Resident Alien (must have U.S. tax identification number and domestic address).
- Non-Resident Alien – Country of Citizenship: \_\_\_\_\_

**Step 2 Responsible Individual/Adult's Information (The individual who has control over the student's account)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (If mailing address is a post office box, a street address is also required by the US Patriot Act.)\* \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different from Street Address)\* \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*If an additional mailing address is needed, please attach an additional piece of paper.

**Step 3 Depositor/Donor Information (If the Depositor/Donor is someone other than the Responsible Adult, please specify below)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Step 4 How would you like to fund the Education Savings Account?**

**Please check one. If more than one option is required please use multiple applications.**

- Contribution for tax year 20\_\_\_\_ \$ \_\_\_\_\_
- \*Transfer of an existing Education Savings Account from another financial institution \_\_\_\_% or \$ \_\_\_\_\_
- Rollover of an existing Education Savings Account \$ \_\_\_\_\_

\*Please complete the Educations Savings Account Transfer Form.

**Step 5 Fund Selection (Minimum Investment \$1,000)**

**Note the Oak Associates Fund(s) and specify the amount to be invested: \$ or % (% amount if this is an asset transfer request)**

- |                          |                    |                               |                    |
|--------------------------|--------------------|-------------------------------|--------------------|
| White Oak Select Growth  | ____ % or \$ _____ | Red Oak Technology Select     | ____ % or \$ _____ |
| Rock Oak Core Growth     | ____ % or \$ _____ | Black Oak Emerging Technology | ____ % or \$ _____ |
| Pin Oak Aggressive Stock | ____ % or \$ _____ | Live Oak Health Sciences      | ____ % or \$ _____ |
| River Oak Discovery      | ____ % or \$ _____ |                               |                    |

## Step 6 Beneficiary Designation

No beneficiaries may be a minor, unless a custodian is listed for them. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

*Individual(s) or entity(s) who will receive the CESA Funds upon the death of the student.*

### Primary Beneficiary

Beneficiary's Name (First, Middle Initial, Last or Entity) \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Beneficiary's Tax Identification Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_%

Beneficiary's Name (First, Middle Initial, Last or Entity) \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Beneficiary's Tax Identification Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_%

*Individual(s) or entity(s) who will receive the CESA Funds upon the death of the student, and all primary beneficiaries.*

### Secondary Beneficiary

Beneficiary's Name (First, Middle Initial, Last or Entity) \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Beneficiary's Tax Identification Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_%

Beneficiary's Name (First, Middle Initial, Last or Entity) \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Beneficiary's Tax Identification Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_%

## Step 7 Telephone Authorization

I hereby authorize and direct the Oak Fund representative to accept and act upon telephone instructions for exchanges and/or purchases involving the account with corresponding registration unless one or both of the following is (are) checked:

I do not authorize telephone exchanges.  I do not authorize telephone purchases.

## Step 8 Systematic Investment Plan (SIP)

I authorize and direct the Oak Fund representative to draw on my bank account on a periodic basis, for investment in my account. Initial investments may not be made through the SIP. Please note this service will be effective 15 days after Oak Associates Funds receives this application. You may choose the day of the month you would like your bank account to be debited to fund your SIP.

**If no date is chosen below, your bank account will be debited on the 15th of the month.**

Preferred Investment Schedule:

- Monthly \_\_\_\_\_  
 Quarterly \_\_\_\_\_ Begin on (Month/Day/Year) \_\_\_\_\_  
 Semi-Annually \_\_\_\_\_  
 Annually \_\_\_\_\_ Debit my bank account on (Enter day of month) \_\_\_\_\_

### Debit My Bank Account and Invest as Follows (\$25 minimum per account)

- White Oak Select Growth Amount: \$ \_\_\_\_\_  
 Rock Oak Core Growth Amount: \$ \_\_\_\_\_  
 Pin Oak Aggressive Stock Amount: \$ \_\_\_\_\_  
 River Oak Discovery Amount: \$ \_\_\_\_\_  
 Red Oak Technology Select Amount: \$ \_\_\_\_\_  
 Black Oak Emerging Technology Amount: \$ \_\_\_\_\_  
 Live Oak Health Sciences Amount: \$ \_\_\_\_\_

## Step 9 Select How You Want To Receive Investor Documents

Oak Associates Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. If you do not wish to participate in Householding, please check the box below. Your signature on this application indicates your consent to Householding. You may change your status at any time by calling 1-888-462-5386.

I do not wish to participate in Householding.

## Step 10 Applicant's Signature

### THE USA PATRIOT ACT

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. This information will be verified to ensure the identity of all persons opening a mutual fund account.

- (a) By execution of this application, the investor represents and warrants that (i) he has the full right, power and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (b) I have read the applicable prospectus(es) and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.
- (c) **If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:**
- (1) **The social security or employer identification number shown on this form is my correct Taxpayer Identification Number,**
- (2) **I am not subject to backup withholding because:**
- **I am exempt from backup withholding OR**
  - **I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,**
  - **The Internal Revenue Service had notified me that I am no longer subject to backup withholding.**  
(Strike out this item (2) if you are subject to backup withholding.)
- (3) **I am a U.S. person.**
- (d) **If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty of perjury for certifying to the above information.**
- (e) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:
- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) The information provided by the investor in this application is true and correct and any documents provided herewith are genuine.
- (f) I authorize Oak Associates Funds to initiate (i) credit entries (deposits) (for telephone redemption, payment of distributions or systematic withdrawals with payment by EFT), (ii) debit entries (withdrawals) (for the SIP or telephone purchases with payment by EFT) and (iii) debit or credit entries and adjustments for any entries made in error to my bank account identified above. This authorization will remain effective until I notify Oak Associates Funds in writing of its termination. To discontinue or change a SIP, please notify us at least 14 days prior to the next scheduled withdrawal date.

*If this account is an IRA for a minor, the Responsible Individual must sign.*

X  
\_\_\_\_\_  
Signature of Student Date  
(Signature required if student has realized age of maturity in his/her state)

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

**Make your check payable to:  
Oak Associates Funds**

**The Funds do not accept money orders,  
starter, counter, traveler's, third party or  
mutual fund money market checks.**

## Custodian Acceptance

To be completed by the Fund Company.

The Custodian hereby adopts this SEI Private Trust Company Coverdell Education Savings Account.

SEI PRIVATE TRUST COMPANY:

X  
By \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_