



COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM

IMPORTANT: 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 information that will allow us to identify you. We may also ask to see your driver's license or other government-issued photo identification card.

SECTION 1: Responsible Party

Parent or Guardian of the Designated Beneficiary

Responsible Individual's Name (Last, First, Middle Initial)

Responsible Individual's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address - If different from above (P.O. Boxes accepted)

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

SECTION 2: Student Designated Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address- If different from above (P.O. Boxes accepted)

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

SECTION 3: Current Custodian

To avoid delays please check with your current Custodian for the correct address and to find out if they require a signature guarantee. If required please complete Section 9. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - (P. O. Box or Street, City, State, Zip Code)

() _____ () _____
Day Phone Evening Phone

SECTION 4: Investment Instructions

Type of Request

- I am opening a new account(s) and have attached the required application(s) and document(s).
- I already have an Oak Associates Funds Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number _____

SECTION 4: Investment Instructions (continued)

Use the investment instruction below to identify the amounts for this deposit; otherwise the investment instructions on your original application will be used.

Fund Name	Amount
White Oak Select Growth Fund (WOGSX)	\$ _____
Rock Oak Core Growth Fund (RCKSX)	\$ _____
Pin Oak Aggressive Stock Fund (POGSX)	\$ _____
River Oak Discovery Fund (RIVSX)	\$ _____
Red Oak Technology Select Fund (ROGSX)	\$ _____
Black Oak Emerging Technology Fund (BOGSX)	\$ _____
Live Oak Health Sciences Fund (LOGSX)	\$ _____
Total Amount	\$ _____

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to Colorado State Bank and Trust, N.A. as Custodian for the Oak Associates Funds Coverdell ESA.

For Certificates of Deposit, redeem: Immediately At Maturity Date
Date of Maturity _____

"In Kind" Transfers

If the account listed in Section 3 contains shares of the Oak Associates Funds family of funds – you may choose to transfer them "in kind." To transfer all other assets, they must be liquidated.

Investment #1 Liquidate Transfer in Kind

Fund Name (or Type of Investment to be transferred)

Account Number _____

Entire Account Partial Account \$ _____ or _____ %

Investment #2 Liquidate Transfer in Kind

Fund Name (or Type of Investment to be transferred)

Account Number _____

Entire Account Partial Account \$ _____ or _____ %

