



COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION 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.

Use this form for qualified education expenses of the Designated Beneficiary, permanent disability, death, excess contributions, CESA rolled over or transferred to another CESA for a family member, or attainment of age 30 by Designated Beneficiary.

SECTION 1: Responsible Party

Parent or Guardian of the Designated Beneficiary

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

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

Address of Residence (Required) - P.O. Box not accepted

(City, State, Zip)

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

( ) ( ) Day Phone Evening Phone

E-mail Address

Relationship to Designated Beneficiary

If your address is different from what is currently shown on your account, your signature must be guaranteed in Section 9.

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 (Required) - P.O. Box not accepted

(City, State, Zip)

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

( ) ( ) Day Phone Evening Phone

E-mail Address

SECTION 3 : Reason for Distribution

A reason must be identified for the withdrawal.

Distribution for a Qualified Education Expense

This distribution is being used for the qualified education expenses of the Designated Beneficiary.

Continue to Section 4

Distribution Not Used for Education Expenses

Permanent Disability of the Designated Beneficiary within the meaning of section 72(m)(7) of the Internal Revenue Code.

Death: You are the Beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.

SECTION 3 : Reason for Distribution (continued)

Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made?

Removal of excess contribution after deadline. In which tax year was the contribution made?

This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

Age 30 attained by Designated Beneficiary.

SECTION 4: Distribution Instructions

If choosing a fixed dollar amount or percentage, enter the amount of each payment below; otherwise leave the amount blank.

I am withdrawing the total value of this account from all Funds

I am making a partial withdrawal from this account and the following Fund(s):

Table with 2 columns: Fund Name and Amount. Lists various funds like White Oak Select Growth Fund, Pin Oak Equity Fund, etc.

SECTION 5: Payee

Account Owner

Beneficiary

Name Social Security Number

3rd Party or New Custodian\*

Name Social Security Number

\* A Medallion Signature Guarantee is required to send assets to an address or bank other than the one listed on record.

SECTION 6: Payment Instructions

Mail a check to my address of record.

Mail a check to an alternate address.\*

Mail check to new Custodian per instructions on the attached letter of acceptance.

**SECTION 6: Payment Instructions (continued)**

\*Address \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip Code)

Purchase into an existing non-retirement mutual fund account # \_\_\_\_\_

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

Purchase into a new non-retirement mutual fund account (include a completed new account application)

Send by  ACH Transfer or  wire transfer to my existing bank instructions on file.

Send by  ACH Transfer or  wire transfer to my new bank instructions listed in Section 7.\*

\* A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record.

**SECTION 7: Bank Information**

Account type:  Checking  Savings

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

\_\_\_\_\_  
Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

**Please attach a voided check or savings deposit slip from the specified bank account.**

■ Adding/changing bank information requires a **signature guarantee**. Please see Section 9.

I authorize the Oak Associates Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Oak Associates Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Oak Associates Funds. The termination request will be effective as soon as the Oak Associates Funds has had reasonable time to act upon it.

**SECTION 8: Signatures**

I authorize the Oak Associates Funds to make the changes indicated to my account.

I authorize the Oak Associates Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Oak Associates Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date (MM/DD/YY)

**SECTION 9: Signature Guarantee (If Required)**

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
  - Savings Associations
  - Trust Companies

\_\_\_\_\_  
Medallion Signature Guarantee Stamp (ID Required)

\_\_\_\_\_  
Bank or Dealer Firm

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Officer's Signature Date (MM/DD/YY)

[STAMP]

**Please mail completed form to:**

**Mailing Address**  
Oak Associates Funds  
P.O. Box 8233  
Denver, CO 80201-8233

**Overnight Address**  
Oak Associates Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

If you have any questions, please contact a Shareholders Service Representative at 1-888-462-5386 or visit www.oakfunds.com.