



COVERDELL ESA APPLICATION

Use this COVERDELL ESA Application to open a COVERDELL EDUCATION SAVINGS ACCOUNT.

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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), 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 transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-462-5386.

Please note that a \$10.00 annual maintenance/custodian fee will be charged for each type of IRA. You may qualify for a waiver of the annual fee by maintaining any of the following: a) an active Automatic Investment Plan within this account, b) a combined balance of \$10,000 or greater across all accounts held with Oak Associates Funds under your social security number, or c) an election to receive your statements via electronic delivery.

PART I: DEPOSITOR INFORMATION (Generally the person opening the ESA) (*DENOTES REQUIRED INFORMATION)

_____ Depositor's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code
_____ Daytime Phone*		_____ Evening Phone		

PART II: DESIGNATED BENEFICIARY INFORMATION (Generally the student)

_____ Minor's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Daytime Phone*		_____ Evening Phone		

PART III: RESPONSIBLE INDIVIDUAL INFORMATION (Generally the Parent or Guardian)

Parent/Guardian's Name* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone* Evening Phone

Relationship to the Designated Beneficiary: Mother Father Guardian Other (specify) _____

**NOTE: The contributor must name only one responsible individual and the responsible individual must be the designated beneficiary's parent or legal guardian. In certain situations, the designated beneficiary could be the responsible individual (see Article V of the Custodian Agreement).*

PART IV: AUTHORITY OF RESPONSIBLE INDIVIDUAL

Option 1:

Yes No The Responsible Individual named above 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:

Yes 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.

(If no boxes are checked in Option 1 or 2 above, the answer will be assumed to be "No.")

PART V: 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 following individual will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

Successor's Name* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone* Evening Phone

Relationship to the Designated Beneficiary: Mother Father Guardian Other (specify) _____

PART VI: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular Contribution Amount: _____ Tax Year: _____

Direct Transfer

Rollover

Important: Contributions made to your ESA will be for the current tax year unless you specify prior year.

***Note:** The Fund's initial investment minimum for the Retail Class is \$2,500 and \$100,000 for the Institutional Class.

PART VII: INVESTMENT SELECTION

Name of Investment	Ticker	Investment 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	\$
Total		\$

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA

The completion of this section is *OPTIONAL*.

Automatic Investment Program (AIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plans must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important:** Contributions made to your ESA using AIP will be for the current tax year. Keep this in mind for investments made from January 1 through April 15.

I authorize Oak Associates Funds to initiate investments into my mutual fund account according to the following frequency:

Annually Quarterly Monthly Beginning _____ (specify month)

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

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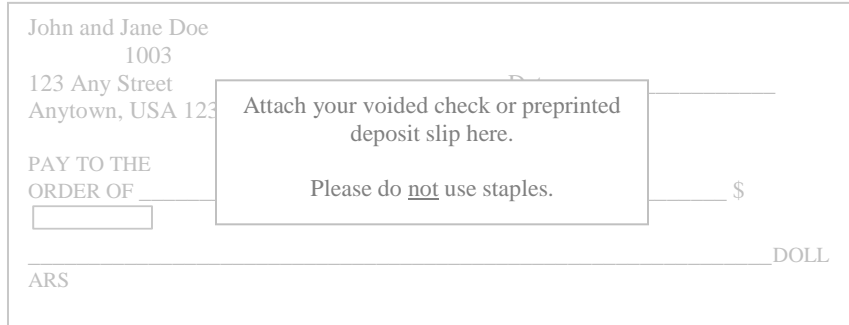
Bank Account Information

Provide information about your checking or savings account to establish a Automatic Investment Program by ACH. Provide information about your bank account on the following page.

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA-CONTINUED

Enter your checking or savings account information:

Name: _____
Name of Bank: _____ Bank's Phone Number: _____
Bank Address: _____ ABA Routing Number: _____
City: _____ State: _____ Zip Code: _____
Name(s) on Bank Account: _____ Bank Account Number: _____
Account Type: Checking Savings



PART IX: 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. This beneficiary designation may be changed or revoked by completing another beneficiary designation and providing it to the ESA Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Social Security Number: _____ Date of Birth: _____
Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member
Residence Address: _____

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Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member
Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART X: 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.

Signature of Spouse of Designated Beneficiary:

X _____ Date: _____

Witness:

X _____ Date: _____

PART XI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

PART XII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

By Check - Enclose a check payable to Oak Associates Funds for the total amount.

Wire - A shareholder services representative will contact you with your account number so the wire can be routed appropriately.

(Third party checks, counter checks, starter checks, money orders, traveler’s checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

PART XIII: 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 (U.S. Bank N.A.) 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.

Depositor Signature:

X _____ Date: _____

Responsible Individual’s Signature (Complete if Depositor is NOT the Responsible Individual):

X _____ Date: _____

Signature of Coverdell ESA Custodian Representative:

X _____ Date: _____

PART XIV: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
Oak Associates Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Oak Associates Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246