

COVERDELL - ESA ACCOUNT APPLICATION

DGIFUND



1

Please be thorough when filling out the application. The omission of necessary information may slow down the application process.

2

Be sure to include all necessary signatures on the completed forms.

3

Include additional documentation as necessary.

- A photocopy of your drivers license or other government issued photo identification card.
- A voided check or deposit slip, if you are signing up for the Savings Plan.

4

Mail completed application documents to:

Mailing Address

The Disciplined Growth Investors Fund
P.O. Box 219554
Kansas City, MO 64121-9554

Overnight Address

DGI Fund
801 Pennsylvania Ave
Suite 219554
Kansas City, MO 64105-1307

If you have questions, or your situation requires something other than the standard form, please contact an Investor Service Representative at 1-855-DGI-FUND (344-3863).

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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.

1. ABOUT THE MINOR (C-ESA DESIGNATED BENEFICIARY)

Please select one:

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien

(In general, only U.S. Citizens and U.S. Resident Aliens can open accounts.)

The Depositor is the person who establishes the account.

Minor's Name *(Last, First, Middle Initial)*

Minor's Social Security Number

Date of Birth *(MM/DD/YY)*

2. RESPONSIBLE INDIVIDUAL

Only a parent or legal guardian of the Designated Beneficiary may be named the Responsible Individual.

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. Boxes Not Accepted)*

City, State, Zip Code

Mailing Address—If different *(P.O. Boxes Accepted)*

City, State, Zip Code

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Day Phone

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Evening Phone

Email Address

The Responsible Individual A. May or B. May Not *(check one)* change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) of the Internal Revenue Code in accordance with the Custodian's procedures. See Options for Removing Money in the *Coverdell Education Savings Account Disclosure Statement and Custodial Agreement* for more information. If neither A nor B is checked, option A will apply.

3. DEPOSITOR

The Depositor is the person who establishes the account.

SAME AS RESPONSIBLE INDIVIDUAL

Depositor's Name *(Last, First, Middle Initial)*

Depositor's Social Security Number

Date of Birth *(MM/DD/YY)*

3. DEPOSITOR (CONTINUED)

Address of Residence (*P.O. Boxes Not Accepted*)

City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*)

City, State, Zip Code

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Day Phone

Evening Phone

Email Address

4. FUNDING YOUR ACCOUNT

There are two ways to fund your account. If your initial investment is under the \$10,000 minimum, you will also need to sign up for the Savings Plan. And of course, if your initial investment is over the \$10,000 you can still sign up for the Savings Plan. The Savings Plan has a \$100 per month minimum.

LUMP SUM Amount: _____
(*\$10,000 minimum, unless also enrolled in the Savings Plan*)

Check—Make your personal check payable to "DGI Fund" and enclose it when mailing your application. We do not accept third party checks. (*See prospectus for acceptable methods of payment.*)

Wire—Call our Shareholder Service Department at: 1-855-DGI-FUND (344-3863) for incoming wiring instructions.

Electronic Transfer—Please fill out the "Bank Information" section (section 6).

Transfer or Rollover an existing CESA Balance from another institution

(*Note: Contributions will be designated as a current year contribution unless designated*)

SAVINGS PLAN Amount: _____ / month
(*\$100 minimum*)

Process on the _____ day of each month (eg, 1st, 15th, etc).

Please fill out the "Bank Information" section (section 6).

After your account is open, sign up for eDelivery of documents and set up online access at www.dgifund.com.

5. DESIGNATED SUCCESSOR BENEFICIARY (OPTIONAL)

I, the Contributor, designate the following family member of the Designated Beneficiary (must be under age 30 upon the death of the Designated Beneficiary) to receive any benefits which the Designated Death Beneficiary may be entitled to in the event of the death of the Designated Beneficiary. If the Designated Death Beneficiary predeceases the Designated Beneficiary or the Designated Death Beneficiary attains age 30 before the Designated Beneficiary's Death, all assets will be paid to the estate of the Designated Beneficiary.

Primary

Contingent

Relationship _____

Percentage _____%

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

Designated Successor Beneficiary's Social Security Number

Date of Birth (*MM/DD/YY*)

Address of Residence (*P.O. Boxes Not Accepted*)

City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*)

City, State, Zip Code

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Day Phone

Evening Phone

Email Address

5. DESIGNATED SUCCESSOR BENEFICIARY (OPTIONAL) (CONTINUED)

Primary Contingent Relationship _____ Percentage _____%

Designated Successor Beneficiary's Name (*Last, First, Middle Initial*)

Designated Successor Beneficiary's Social Security Number Date of Birth (*MM/DD/YY*)

Address of Residence (*P.O. Boxes Not Accepted*) City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*) City, State, Zip Code

() () Email Address
Day Phone Evening Phone

6. BANK INFORMATION

Please provide bank information if you are establishing the Savings Plan.

Account Type: Checking Savings

Name on the 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.

I am of legal age and I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the Prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize DGI Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that DGI Fund 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 DGI Fund. The termination request will be effective as soon as DGI Fund has had reasonable time to act upon it.

7. TELEPHONE AND ONLINE PRIVILEGES

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

I DO NOT want any telephone privileges. I DO NOT want online privileges.

8. SIGN ON THE BOTTOM LINE

I certify that the information provided by me for this Coverdell Education Savings Account (CESA) is accurate. I have received a copy of the Application, IRS Form 5305EA Agreement, and the Disclosure Statement. I agree to be bound by the terms and conditions of the Agreement. I certify that I am eligible to contribute to the CESA, and the Designated Beneficiary is eligible to receive the contribution. No tax or legal advice has been provided by the custodian. I am responsible for ensuring that my actions with regard to this CESA are in compliance with all laws concerning CESAs. I agree to hold the custodian harmless against any and all claims and situations arising from actions taken by me or my agents. The custodian agrees to be bound by the terms and conditions of the Agreement.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.

I (the Depositor) certify under penalties of perjury that the Designated Beneficiary is a US person (including a US resident alien) and the Social Security Numbers are true, correct and complete and that these numbers are our respective Taxpayer Identification Numbers.

Under penalties of perjury, I certify that:

1. The Designated Beneficiary's number shown on this form is the correct taxpayer identification number, and
2. The Designated Beneficiary is NOT subject to backup withholding because: (a) He/she is exempt from backup withholding, or (b) The Designated Beneficiary has NOT been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends (strike the word "NOT" in both parts of the sentence if you have received IRS notification) or (c) the IRS has notified the Designated Beneficiary that he/she is no longer subject to backup withholding; and
3. The Designated Beneficiary is a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)

Signature of Depositor (The Individual Named in Section 1)

Date (MM/DD/YY)

Signature of Responsible Individual (The Individual Named in Section 2)

Date (MM/DD/YY)

Acceptance by Custodian shall consist of a confirmation of transaction statement issued by the Custodian:

BOKF, NA dba Colorado State Bank and Trust,
c/o ALPS Fund Services, Inc.
1290 Broadway, Suite 1000
Denver, CO 80203

Distributor: ALPS Distributors, Inc. for the DGI Fund

Shares of the DGI Fund are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

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Overnight Address

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