

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM



If you have not already spoken with us about this transfer, please call our shareholder services team at 855-344-3863. We will walk you through the process and help determine the requirements specific to your transfer or rollover transaction. Different financial institutions often have different firm-specific standards for processing transfers and rollovers.

SECTION 1: 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. Box is not accepted*

City, State, Zip Code

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

City, State, Zip Code

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Day Phone

()
Evening Phone

E-mail Address

SECTION 2: 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*

City, State, Zip Code

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

City, State, Zip Code

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Day Phone

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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. 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

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Day Phone

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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 DGI Fund Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number

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

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to BOKF, NA dba Colorado State Bank and Trust as Custodian for the DGI Fund Coverdell ESA.

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

Investment #1

Fund Name/Type of Investment Account Number

☐ Liquidate ☐ Entire Account ☐ Partial Account \$ _____ or _____ %

Investment #2

Fund Name/Type of Investment Account Number

☐ Liquidate ☐ Entire Account ☐ Partial Account \$ _____ or _____ %

SECTION 6: Instructions to the Responsible Individual

Please Read Carefully

This form will be used by the DGI Fund to initiate a transfer of assets to your Coverdell ESA at the DGI Fund. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) 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

SECTION 7: Instructions to Resigning Custodian/Transfer Agent

Please liquidate the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions 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

SECTION 8: Signatures

I authorize the transfer of assets as noted above to my DGI Fund Coverdell ESA and BOKF, NA dba Colorado State Bank and Trust to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual

Date (MM/DD/YY)

SECTION 9: Medallion Signature Guarantee

A **Medallion Signature Guarantee** is required when distributing money to an address/bank other than the address/bank of record or making the payment to a party other than the owner of record.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. Signatures notarized by a Notary Public are not acceptable. Most banks offer the Medallion Signature Guarantee (MSG) service to banking clients. Please contact your banking institution

or one of the following types eligible MSG guarantor institutions if you need a MSG.

SECTION 9: Medallion Signature Guarantee (continued)

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
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Officer's Title	Officer's Signature	Date (MM/DD/YY)
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[STAMP]

SECTION 10: BOKF, NA dba Colorado State Bank and Trust

BOKF, NA dba Colorado State Bank and Trust, accepts its appointment as Custodian of the referenced Coverdell ESA and has established a Coverdell ESA as indicated on the front of this form under the Internal Revenue Code Section 530 for Coverdell ESAs under the shareholder's name in the DGI Fund. The DGI Fund and BOKF, NA dba Colorado State Bank and Trust, as Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by BOKF, NA dba Colorado State Bank and Trust, as Custodian for the DGI Fund Coverdell ESAs.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative	Date (MM/DD/YY)
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Please mail completed form 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 any questions, please contact an Investor Service Representative at 1-855-DGI-Fund (344)-(3863) or visit www.DGIFund.com.