Ave Maria Mutual Funds Coverdell ESA Transfer Request

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DESIGNATED BENEFICIARY'S NAME AND ADDRESS (Transferring Coverdell ESA)			CUR	CURRENT COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number Date of Birth		Phone		Coverdell ESA Account IdentificationCustodian's(Transferring Coverdell ESA)Phone Number		
RULES AND CONDITIONS APPLICABLE TO TRANSFERS						
This form should only be used when Coverdell ESA assets are being moved directly from financial institution to financial institution. Thus, as noted below, the check will be made payable directly to the receiving Coverdell ESA Trustee or Custodian. Transfer of Coverdell ESA assets is a reportable transaction to the IRS.						
NOTE: IRS 1099-Q instructions require that in a transfer between Coverdell ESAs, the distributing Coverdell ESA Custodian must provide the receiving Coverdell ESA Custodian with a statement reporting the earnings portion of the distribution within 30 days of the distribution or January 10, whichever is earlier.						
INVESTMENT INSTRUCTIONS				TRANSFER INSTRUCTIONS		
New Account (application attached)				In-Kind Transfer of Ave Maria Mutual Funds Shares (Do not liquidate)		
Invest the Assets in the following manner:			L	Liquidate and Transfer (select one option below):		
Ave Maria Value Fund (AVEMX) \$ or%			2	Partial \$ or%		
Ave Maria Growth Fund (AVEGX) \$ or%			2	Other – Attached are additional transfer instructions		
Ave Maria Rising Dividend Fund (AVEDX) \$ or%			Name	Name of Asset to be liquidated:		
Ave Maria World Equity Fund (AVEWX) \$ or%						
Ave Maria Focused Fund (AVEAX) \$ or%			Please	Please make a check payable as follows:		
Ave Maria Bond Fund (AVEF	X) \$	or%	2	Ave Maria Mutual Funds FBO <shareholder name=""> CESA</shareholder>		
Ave Maria Money Market Acc	ve Maria Money Market Account \$ or%		2	Account # PO Box 46707		
		Total 100%		Cincinnati, OH 45246		
SIGNAT	TURE OF RESPONS	IBLE INDIVIDUAL		ACCEPTING COVERDELL ES	SA TRUSTEE OR CUSTODIAN	
I hereby appoint First National Bank of Omaha, N.A. to serve as Custodian in accord with the terms and conditions of this document and hereby acknowledge that I have read Disclosure Statement contained herein and understand that the account is subject to an an fee of \$15. I hereby certify that the above Social Security Number is true and correct.				nce Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or		
I certify that I am the proper party to authorize the transfer of the Coverdell ESA assets i manner described above and certify that all of the information provided by me is correct may be relied upon by the Trustee or Custodian.						
I understand that I am responsible for determining that this Coverdell ESA transfer qua under the rules and conditions applicable to such transfers and agree to abide by those and conditions. I assume responsibility for any tax consequences or penalties that may to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be responsible.				member of the medallion program to guarantee your signature.		
(Coverdell Responsible	e Individual)	(Date)	_	Medallion Sign	ature Guarantee	