

[CLEAR FORM >>](#)

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 1-888-345-1898.

Please note there is a \$12.00 annual maintenance/custodian fee that is paid for by the Advisor and subject to an annual determination.

## PART I: DEPOSITOR INFORMATION (Generally the person opening the ESA)

\*Required Information

_____ Depositor's Name* (First, M.I., Last)		_____ Date of Birth*		_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ Apt #	_____ City*		_____ State*      Zip Code*
_____ Mailing Address (if different than above)		_____ Apt #	_____ 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)*		_____ Apt #	_____ 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)*		_____ Apt #	_____ City*		_____ State*      Zip Code*
_____ Mailing Address (if different than above)		_____ Apt #	_____ 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)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*		Evening Phone		
Relationship to the Designated Beneficiary: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify): _____				

## PART VI: CONTRIBUTION INFORMATION

### SOURCE OF FUNDS (select one):

<input type="checkbox"/> Regular Contribution	Amount: _____	Tax Year: _____
<input type="checkbox"/> Direct Transfer	Basis: _____	Earnings: _____
<input type="checkbox"/> Rollover	Basis: _____	Earnings: _____

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

**NOTE:** The Funds' initial investment minimum is \$200 per each Fund. Refer to the prospectus for additional purchase requirements.

## PART VII: INVESTMENT SELECTION

NAME OF INVESTMENT	INVESTMENT
Commonwealth Australia/New Zealand Fund	\$ _____ or _____%
Africa Fund	\$ _____ or _____%
Commonwealth Japan Fund	\$ _____ or _____%
Commonwealth Global Fund	\$ _____ or _____%
Commonwealth Real Estate Securities Fund	\$ _____ or _____%
<b>TOTAL:</b>	\$ _____ or _____%

**PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA**

► The completion of this section is **OPTIONAL**.

**AUTOMATIC INVESTMENT PLAN (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. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information or 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 Commonwealth International Series Trust to initiate investments into my mutual fund account according to the following frequency:

Twice Each Month     Monthly

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.): \_\_\_\_\_

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

**BANK ACCOUNT INFORMATION**

Provide information about your checking or savings account to establish an Automatic Investment Plan by ACH. Please select one of the following:

Attach a voided check or deposit slip for your bank account. **Please use tape; do NOT staple.**

**ACCOUNT TYPE:**     Checking     Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	<b>Tape your voided check or preprinted deposit slip here. Please do NOT use staples.</b>	\$ _____
_____		_____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

Provide information about your bank account below.

**ACCOUNT TYPE:**     Checking     Savings

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

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Account Number

**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: \_\_\_\_\_% SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

**TYPE:**  Primary  Contingent Share Percentage: \_\_\_\_\_% SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

**TYPE:**  Primary  Contingent Share Percentage: \_\_\_\_\_% SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

Physical 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 Commonwealth International Series Trust for the total amount.
- By Wire      For wire instructions call Shareholder Services at 1-888-345-1898.
- Other: \_\_\_\_\_

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: ACKNOWLEDGMENT

► **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 (Unified Financial Securities, Inc.) 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: FOR DEALER USE ONLY**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Representatives' Branch Office Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Representative Number

**X** \_\_\_\_\_  
Representative's Signature

**X** \_\_\_\_\_  
Supervisor's Signature

**PART XV: MAILING INSTRUCTIONS**

Please send completed form to:

**REGULAR MAIL DELIVERY**

Commonwealth International Series Trust  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**OVERNIGHT DELIVERY**

Commonwealth International Series Trust  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246

# Commonwealth International Series Trust

## NOTICE OF PRIVACY POLICY & PRACTICES

Commonwealth International Series Trust (the "Trust") recognizes and respects the privacy expectations of our customers.<sup>1</sup> We provide this notice to you so that you will know what kinds of information we collect about our customers and the circumstances in which that information may be disclosed to third parties who are not affiliated with the Trust.

### COLLECTION OF CUSTOMER INFORMATION

We collect nonpublic personal information about our customers from the following sources:

- **ACCOUNT APPLICATIONS** and other forms, which may include a customer's name, address, social security number, and information about a customer's investment goals and risk tolerance;
- **ACCOUNT HISTORY**, including information about the transactions and balances in a customer's accounts; and
- **CORRESPONDENCE**, written, telephonic or electronic between a customer and the Trust or service providers to the Trust.

### COLLECTION OF CUSTOMER INFORMATION

We may disclose all of the consumer information outlined above to third parties who are not affiliated with the Trust:

- **as permitted by law** — for example with service providers who maintain or service shareholder accounts for the Trust or to a shareholder's broker or agent;
- **to perform marketing services** on our behalf or pursuant to a joint marketing agreement with another financial institution.

### SECURITY OF CUSTOMER INFORMATION

We require service providers to the Trust:

- to maintain policies and procedures designed to assure only appropriate access to, and use of information about customers of the Trust; and
- to maintain physical, electronic and procedural safeguards that comply with federal standards to guard nonpublic personal information of customers of the Trust.

- ▶ We will adhere to the policies and practices described in this notice regardless of whether you are a current or former customer of the Trust.

<sup>1</sup>For purposes of this notice, the terms "customer" or "customers" includes both individual shareholders of the Trust and individuals who provide nonpublic personal information to the Trust, but do not invest in Trust shares.