

**COVERDELL ESA TRANSFER  
REQUEST FORM**



**IMS Family of Funds**  
*Building Wealth Wisely®*

Use this **Coverdell ESA Transfer Request Form** to move ESA assets from one Coverdell ESA to another. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-800-934-5550.

**PART I: INVESTOR INFORMATION (RECEIVING IRA) (\* DENOTES REQUIRED INFORMATION)**

|  |                         |                                  |                    |
|--|-------------------------|----------------------------------|--------------------|
| _____<br>Minor's Name* (First, M.I., Last)                                 | _____<br>Date of Birth* | _____<br>Social Security Number* |                    |
| _____<br>Responsible Individual's Name* (First, M.I., Last)                | _____<br>Date of Birth* | _____<br>Social Security Number* |                    |
| _____<br>Responsible Individual's Street Address (Physical Address)* Apt # | _____<br>City*          | _____<br>State*                  | _____<br>Zip Code* |
| _____<br>Mailing Address (if different from above)                         | _____<br>City           | _____<br>State                   | _____<br>Zip Code  |
| _____<br>Daytime Phone*  | _____<br>Evening Phone  |                                  |                    |

**PART II: CURRENT COVERDELL ESA TRUSTEE, CUSTODIAN OR ISSUER (PLEASE ATTACH A RECENT STATEMENT)**

|  |                  |   |                 |                    |
|--|------------------|---|-----------------|--------------------|
| _____<br>Name of Current ESA Trustee/Custodian/Issuer* |                  | _____<br>Current ESA Account/Plan Number* |                 |                    |
| _____<br>P. O. Box*                                    | _____<br>Suite # | _____<br>City*                            | _____<br>State* | _____<br>Zip Code* |
| _____<br>Name of Contact*                              |                  | _____<br>Contact's Phone Number*          |                 |                    |

**Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

### PART III: TRANSFER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

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

#### Transfer Allocation

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

| Name of Investment           | Percentage |
|------------------------------|------------|
| 1. IMS Capital Value Fund    | %          |
| 2. IMS Strategic Income Fund | %          |
| 3. IMS Dividend Growth Fund  | %          |

### PART IV: LIQUIDATION INSTRUCTIONS

I authorize and direct the current ESA Trustee, Custodian or Issuer to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new ESA Trustee/Custodian identified below.
- Partially liquidate \$ \_\_\_\_\_ of the current ESA and send the proceeds to the new ESA Trustee/Custodian identified below.  
(Note to ESA Responsible Individual: Attach additional written liquidation instructions, if necessary.)

Other (describe): \_\_\_\_\_

Please send proceeds by check:

Make check payable as follows: IMS Family of Funds: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
IMS Family of Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
IMS Family of Funds  
2960 N. Meridian Street, Suite 300  
Indianapolis, IN 46208

## PART V: ACKNOWLEDGEMENT

By signing this *Coverdell ESA Transfer Request Form*, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. The Trustee/Custodian agrees to accept this transfer as instructed above.

Signature of Responsible Individual: X \_\_\_\_\_ Date: \_\_\_\_\_

## PART VI: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION  
SIGNATURE GUARANTEE STAMP

## PART VII: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving ESA agrees to accept this transfer as instructed above.

Signature of Receiving ESA Trustee/Custodian Representative: X  \_\_\_\_\_ Date: \_\_\_\_\_

## MAILING INSTRUCTIONS

Please send completed form to:

**Regular Mail Delivery**

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P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**

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