



# Coverdell Education Savings Account Application (Retail Class Only)

Mail to: Akre Focus Fund  
c/o U. S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to:

Akre Focus Fund  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St. FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free **877-862-9556** or visit us on the web at **www.akrefund.com**.

In compliance with the USA PATRIOT Act, all Mutual Fund are required to obtain the following information for all registered owners and all authorized individuals: *full name, date of birth, Social Security number, and permanent street address*. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

## 1. Designated Beneficiary

(Account Holder)

FIRST NAME

M.I.

LAST NAME

PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

BIRTH DATE (Mo / Dy / Yr)

## 2. Responsible Party

FIRST NAME

M.I.

LAST NAME

PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY / STATE / ZIP

DAYTIME PHONE NUMBER

RELATIONSHIP TO DESIGNATED BENEFICIARY

SOCIAL SECURITY NUMBER

BIRTH DATE (Mo / Dy / Yr)

DRIVER'S LICENSE OR STATE ID NUMBER

STATE OF ISSUE

**The following 2 options will be added to your account. If you do not want these options, check the boxes below.**

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.
- The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account agreement.
- The responsible party may not change the beneficiary.

## 3. Account Type

Refer to disclosure  
statement for eligibility

Select one of the following account types:

- Coverdell Education Savings Account (CESA)  
Contribution for the Tax year \_\_\_\_\_.
- Rollover Account – specify the type of rollover:

requirements and  
contribution limits.

- Account Holder's CESA to Account Holder's CESA
- Qualifying Family member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian

**4. Investment Amount**  By check: Make check payable to Akre Focus Fund. \$ \_\_\_\_\_

\$1,000 minimum

By wire: Call 877-862-9556. Indicate amount of wire \$ \_\_\_\_\_  
*A completed application must be received prior to sending the wire.*

**5. Automatic Investment Plan**

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or preprinted savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

Your signed application must be received at least 15 business days prior to initial transaction.

**Please keep in mind that:**

- There is a fee, currently \$25, if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

Monthly Amount  
(\$250 minimum per draw)

AIP Start Month

AIP Start Day

\$ \_\_\_\_\_

**6. Telephone Options**

**Purchase (EFT)** (\$250 minimum) - permits the purchase of shares from your bank account.  
*Attach a voided check or pre-printed savings deposit slip to Section 7.*

Your signed application must be received at least 15 business days prior to initial transaction.

**7. Voided Check for Bank Information**

Your signed application must be received at least 15 business days prior to initial transaction.

Based on the instructions in Section 7, funds will be automatically transferred from the checking or savings account on the slip below:

**ATTACH VOIDED CHECK OR  
PRE-PRINTED SAVINGS  
DEPOSIT SLIP HERE**

Please include a voided bank check or savings deposit slip.

- A fee, currently \$25, will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions.

**8. Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper.)*

(Death Beneficiary)

**Primary**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

**Secondary**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

## 9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Akre Focus Fund Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Akre Focus Fund (the "Fund"). I understand the Akre Focus Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify Akre Focus Fund within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Akre Focus Fund") will not be responsible for banking system delays beyond their control. By completing sections 5, 6, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Akre Focus Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected Fund must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

\_\_\_\_\_  
DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:  
U.S. Bank, NA



## 10. Dealer Information

Please be sure to complete representative's first name and middle initial.

\_\_\_\_\_  
DEALER NAME

\_\_\_\_\_  
BRANCH/REP ID

\_\_\_\_\_  
REPRESENTATIVE'S LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

### Before you mail, have you:

- |  |   |
|--|---|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none"><li>- Social Security or Tax ID numbers in Sections 1 and 2?</li><li>- Birth dates in Sections 1 and 2?</li><li>- Full names in Sections 1 and 2?</li><li>- Permanent street addresses in Sections 1 and 2?</li></ul> | <input type="checkbox"/> Enclosed your check made payable to Akre Focus Fund? <ul style="list-style-type: none"><li>- Included a voided check, if applicable?</li><li>- Signed your application in Section 9?</li></ul> |
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