Coverdell Education Savings Account Transfer Form



Muhlenkamp Fund

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

Overnight Express Mail To: Muhlenkamp Fund c/o U.S. Bancorp Fund Services, LLC 615 E. Michigan St., 3rd Floor Milwaukee, WI 53202-5207

Use this form to transfer assets from an existing Coverdell Education Savings Account (CESA) to a Muhlenkamp Fund Coverdell Education Savings Account. If you are opening a new CESA for this transfer, please complete a Muhlenkamp Fund Coverdell Education Savings Account Application.

Once completed, mail this form to the address above.

| | | If you have any questions please call (| 800)860-3863 exter | ension 0. | |
|----|--|--|-----------------------|--------------------------------|--|
| 1. | Responsible Party | | | | |
| | Complete the following information for the parent or legal guardian of the Designated Beneficiary who is authorized to act on the account. | PARENT/GUARDIAN FIRST NAME | M.I. | I. LAST NAME | |
| | | PERMANENT STREET ADDRESS (FOREIGN ADDRESSES & P.O. BOXES ARE NOT ALLOWED) APT/SUITE | | | |
| | | CITY | STAT | ZIP CODE | |
| | | SOCIAL SECURITY NUMBER (PARENT/GUARDIAN) | DAT | ATE OF BIRTH (mm/dd/yyyy) | |
| | | HOME PHONE NUMBER | BUS | JSINESS PHONE NUMBER | |
| | | ☐ Mother ☐ Father ☐ Gu *If "guardian", submit proof of guardianship. | ardian* EMA | MAIL ADDRESS | |
| 2. | Designated Beneficiary Information | | | | |
| | Complete the following information for the student for whom the education savings account is benefiting. | FIRST NAME OF STUDENT | M.I. | .I. LAST NAME | |
| | | STREET ADDRESS | | APT/SUITE | |
| | | CITY | STA | ZIP CODE | |
| | | SOCIAL SECURITY NUMBER | DAT | ATE OF BIRTH (mm/dd/yyyy) | |
| | | HOME PHONE NUMBER | BUS | JSINESS PHONE NUMBER | |
| 3. | Instructions to Current Education | | | | |
| | Savings Account Custodian or Trustee | CURRENT ACCOUNT NUMBER (NON-MUHLENKAMP A | CCOUNT) NAME OF | DF CURRENT CUSTODIAN/TRUSTEE | |
| | Indicate the following information for the account at the current | STREET ADDRESS OF CURRENT CUSTODIAN/TRUS | ГЕЕ | APT/SUITE | |
| | custodian/trustee. | CITY | STAT | ATE ZIP CODE | |
| | | CONTACT PERSON (IF APPLICABLE) | PHC | HONE NUMBER | |
| | | Please transfer assets from the above account to U.S. Bank, N.A. Transfer should be in cash account to the following instructions: | | | |
| | | ☐ Transfer the total amount in this a | account. | | |
| | | Transfer \$ or | r | shares and retain the balance. | |
| | | Make check payable to: Muhlenkamp Fund | d FBO BENEFITING STUI | IDENT'S NAME | |

| l. | Transfer Assets to <i>Please select ONE of the following.</i> | A New Muhlenkamp Fund Account - This transfer form must be accompanied by a completed Muhlenkamp Fund Coverdell Education Savings Account Application. OR | | | |
|----------|---|---|--|--|--|
| | | An Existing Muhlenkamp Fund Account - Assets will be added to an existing Muhlenkamp Fund Coverdell Education Savings Account. <i>Please enter your existing Muhlenkamp Fund Account Number.</i> | | | |
| | | EXISTING MUHLENKAMP FUND ACCOUNT NUMBER | | | |
| 5. | Signature of Designated Beneficiary or Responsible Party | I certify that I have received and read the prospectus, including the privacy policy for the Muhlenkamp Fund to which I am transferring my Coverdell Education Savings Account. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. | | | |
| | Please contact your current Custodian to determine if a signature guarantee is required. | I understand that I am responsible for determining my eligibility for all transfers and I agree to consult with my own tax professional for advice. I understand that the requirements for a valid transfer between CESAs are compand I acknowledge that I have the responsibility for complying with all requirements and for the tax results of a such transfers. | | | |
| | If required, do not sign until you are in the presence of an officer authorized to guarantee | in the administrator to facilitate the transfer of assets. I agree to hold the Custodian and its agent harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian and its agent cannot provide | | | |
| | signatures. | To Current Custodian: | | | |
| | | Please consider this your authority to sell my assets in the account identified in Section 3 of this form in the amount indicated in Section 3 and prepare a check payable to: <i>Muhlenkamp Fund FBO benefitting student's name</i> . It is my intention to transfer these assets to the Muhlenkamp Fund, for which U.S. Bank, N.A. acts as Custodian. | | | |
| | | SIGNATURE OF DEPOSITOR/LEGALLY RESPONSIBLE PARTY/INDIVIDUAL DATE (mm/dd/yyyy) | | | |
| | | Special Note: If student is a minor under the law of student's state of residence, the parent or guardian must execute this Coverdell Education Savings Account Transfer Form. | | | |
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| | | AUTHORIZED SIGNATURE GUARANTEE STAMP* DATE (mm/dd/yyyy) | | | |
| | | *Signature Guarantee - A signature guarantee may be obtained from a bank, a member of a national securities exchange, savings and loan associations, credit union, broker, or other acceptable financial institutions. Please note that a Notary Public Seal or Stamp is not acceptable. | | | |
| <u>.</u> | Acceptance by New Custodian | To be completed by U.S. Bank, N.A. | | | |
| | | U.S. Bank, N.A. agrees to accept transfer of the above amount for deposit to the Student's U.S. Bank, N.A. Coverdell Education Savings Custodial Account, and requests the liquidation and transfer of assets as indicated above. | | | |
| | | Appointment as Custodian accepted U.S. BANK, NA | | | |

Joseph Neuberger