

COVERDELL ESA TRANSFER REQUEST FORM



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 1-866-950-5863.

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

Minor's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Responsible Individual's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Responsible Individual's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

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

Name of Current ESA Trustee/Custodian/Issuer* _____ Current ESA Account/Plan Number* _____

P. O. Box* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Name of Contact* _____ 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. Jones Villalta Opportunity 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: Jones Villalta Opportunity Fund: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Jones Villalta Opportunity Fund
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Jones Villalta Opportunity Fund
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208

