



## Coverdell Education Savings Account New Account Agreement

**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.

The **Coverdell Education Savings Account New Account Agreement Application** is used to establish you Coverdell Education Savings Account.

To move funds from another plan, complete and return a Request for Transfer Form with this New Account Agreement.

I am enclosing a Coverdell Education Savings Account Request for Transfer Form to move funds from another financial institution.

**If you have any questions regarding this application, please call Shareholder Services at 1-888-933-8274.**

\*DENOTES REQUIRED INFORMATION       DENOTES CHECK IF APPLICABLE

### PART 1. INVESTOR INFORMATION

#### CONTRIBUTOR'S INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contributor's Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (Physical Address)      Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

#### DESIGNATED BENEFICIARY (MINOR'S) INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Minor's Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (Physical Address)      Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

**PART 1. INVESTOR INFORMATION (CONTINUED)**

**RESPONSIBLE INDIVIDUAL'S (PARENT OR GUARDIAN) INFORMATION**

<input type="text"/> Name* (First M.I. Last)	<input type="text"/> Date of Birth*	<input type="text"/> Social Security Number*	
<input type="text"/> Street Address* (Physical Address)      Apt. #	<input type="text"/> City*	<input type="text"/> State*	<input type="text"/> Zip Code*
<input type="text"/> Mailing Address (if different from above)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
	<input type="text"/> Daytime Phone*	<input type="text"/> Evening Phone*	

*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 VI of the Custodian Agreement.)*

**PART 2. YORKTOWN FUNDS MASTER ALLOCATION PORTFOLIO MODEL SELECTION**

**COMPLETE THIS SECTION ONLY IF YOU WISH TO ALLOCATE ASSETS TO ONE OR MORE OF Yorktown FUND'S MASTER ALLOCATION MODEL PORTFOLIOS**

I elect to have my Yorktown Funds allocated according the following Yorktown Model (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

**Choose Only One  
Master Allocation Model**

- All Equity
- Growth
- Moderate
- Balanced
- Conservative
- Preservation

Each Master Allocation Model is an asset allocation model that can be customized, and is not an actual mutual fund. Each model is for general guidance only and does not constitute a recommendation or any advice for you or any investor. We recommend you obtain advice from an independent financial advisor before making investment decisions.

You should choose your own investments based on your particular objectives and situation. You may change how your account is invested at any time.

**Note:** Dividends and Capital Gains are automatically reinvested.

**Choose a Share Class:**  A  L  I

(Class A, Class L and Institutional Class shares are available for all Yorktown Funds)

**Choose Type:**

- Regular Coverdell Education Savings Account Contribution
- Transfer from another Coverdell Education Savings Account
- Rollover to New Designated Beneficiary in the Same Family (Same Designated Beneficiary)
- Transfers to New Designated Beneficiary in the Same Family
- Rollover from another Coverdell Education Savings Account

**Choose Payment Method**

- By Check.** Enclose a check payable to Yorktown Funds for the total initial investment amount shown on the previous page
- By Wire.** For wire instructions, call Shareholder Services at 1-888-933-8274
- Direct Transfer.** Funds will be transferred directly from another Coverdell plan. If a direct transfer, please also complete and attach the Coverdell Education Savings Account Request for Transfer Form.

*(Third party checks, money orders, cashier checks, credit card checks, and cash are not acceptable.)*

### PART 3. CUSTOM PORTFOLIO ALLOCATIONS: YORKTOWN FUNDS

#### COMPLETE THIS SECTION ONLY IF YOU WISH TO CREATE A CUSTOMIZED PORTFOLIO USING ONE OR MORE Yorktown FUNDS AND/OR YORKTOWN FUNDS

You should choose your own investments based on your particular objectives and situation.

We recommend you obtain advice from an independent financial advisor before making investment decisions.

You may change how your account is invested at any time.

**Note:** Dividends and Capital Gains are automatically reinvested.

I elect to allocate my initial and subsequent investments among the funds indicated below. (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

<i>FUND</i>	<i>Percent</i>	Choose a Share Class:	<input type="checkbox"/> A	<input type="checkbox"/> L	<input type="checkbox"/> I
<input type="checkbox"/> Yorktown Short Term Bond Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Multi-Asset Income Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Capital Income Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Growth Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Master Allocation Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Small Cap Fund	<input type="text"/>				
<input type="checkbox"/> Yorktown Mid Cap Fund	<input type="text"/>				
<input type="checkbox"/> Money Market Account	<input type="text"/>				
<b>Total Funds Must Equal 100%</b>	<input type="text"/>				

#### Choose Type:

- Regular Coverdell Education Savings Account Contribution
- Transfer from another Coverdell Education Savings Account
- Rollover to New Designated Beneficiary in the Same Family (Same Designated Beneficiary)
- Transfers to New Designated Beneficiary in the Same Family
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#### Choose Payment Method

- By Check.** Enclose a check payable to Yorktown Funds for the total initial investment amount shown on the previous page
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### PART 4. OPTIONAL PROVISIONS

#### A. Change of Designated Beneficiary (check one)

- The responsible individual may change the designated beneficiary.
- The responsible individual **may not** change the designated beneficiary.

#### B. Control Age of Majority (check one)

- The child becomes the responsible individual at age of majority.
- The responsible individual shall continue to serve as the responsible individual after the child attains the age of majority.

**PART 5. ROLLOVER REVIEW**

This Rollover Review helps determine eligibility for a rollover – see Rollover Review Explanation for instructions.

**A. Rollover (Same Designated Beneficiary) I certify that:**

- This rollover is from an existing Coverdell Education Savings Account.
- The new designated beneficiary is a member of the same family.
- This rollover is being completed within 60 days of receipt.
- No previous rollover occurred during the past 12 months.

**B. Rollover (New Designated Beneficiary) I certify that:**

- I am authorized to change the designated beneficiary.
- The three rules for rollover in Part A (see above) are met.

**PART 6. INVESTOR'S SIGNATURE**

**Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)**

By signing this *Coverdell Education Savings Account New Account Agreement Application* (Coverdell Application) I certify that the information I have provided is true, correct, and complete, and the Custodian (Unified Financial Securities, LLC.) may rely on what I have provided. In addition, I have read and received copies of the Coverdell 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 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 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.

X  
Investor's Signature

Date

X  
Witness's Signature (use only if required)

Date

**FOR FINANCIAL ADVISOR USE ONLY**

Financial Institution/Broker Dealer Name

Representative's Full Name

Street Address

City

State

Zip Code

Mailing Address (if different from above)

Representative's Branch Office Telephone Number

Dealer Number

Branch Number

Representative Number

X  
Representative's Signature

X  
Supervisor's Signature

- I authorize the waiver of the advanced commission payment.
- I am an employee of the above financial institution.

## MAILING INSTRUCTIONS

Please mail completed application to:

### **Regular Mail Delivery**

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
P.O. Box 46707  
Cincinnati, OH 45246-0707

### **Overnight Courier**

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246