



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"/> Money Market Account	<input type="text"/>				
Total Funds Must Equal 100%	<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
- 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
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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.

<input checked="" type="text"/>	<input type="text"/>
Investor's Signature	Date
<input checked="" type="text"/>	<input type="text"/>
Witness's Signature (use only if required)	Date

FOR FINANCIAL ADVISOR USE ONLY

<input type="text"/>	<input type="text"/>		
Financial Institution/Broker Dealer Name	Representative's Full Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>			
Mailing Address (if different from above)			
<input type="text"/>			
Representative's Branch Office Telephone Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dealer Number	Branch Number	Representative Number	
<input checked="" type="text"/>	<input checked="" type="text"/>		
Representative's Signature	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

PRIVACY NOTICE

FACTS	WHAT DOES AMERICAN PENSION INVESTORS TRUST (“YORKTOWN FUNDS”) DO WITH YOUR PERSONAL INFORMATION?	
WHY?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some, but not all information sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this Notice carefully to understand what we do.	
WHAT?	<p>The types of information we collect and share depend on the product or service you have with us. This information can include your:</p> <ul style="list-style-type: none"> • Social Security Number • Assets • Retirement Assets • Transaction History • Checking Account History • Purchase History • Account Balances • Account Transactions • Wire Transfer Instructions <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this Notice.</p>	
HOW?	All financial companies need to share your personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Yorktown Funds chooses to share; and whether you can limit this sharing.	
<i>Reasons we can share your personal information.</i>		
	<i>Does Yorktown Funds share?</i>	<i>Can you limit this sharing?</i>
For our everyday business purposes- Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes- to offer our products and services to you.	Yes	No
For joint marketing with other financial companies	No	We don’t share
For our affiliates’ everyday business purposes- information about your transactions and experiences.	Yes	No
For our affiliates’ everyday business purposes- information about your creditworthiness	No	We don’t share
For non-affiliates to market to you	No	We don’t share
Questions?	Call 888-933-8274	
Who we are		
Who is providing this Notice?	Yorktown Funds Yorktown Management & Research, Inc.	
What we do		
How does Yorktown Funds protect your personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.	
How does Yorktown Funds collect your personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Open an account • Provide account information • Give us your contact information • Make deposits or withdrawals from your account • Make a wire transfer • Tell us where to send the money • Tell us who receives the money • Show your government-issued ID • Show your drivers’ license <p>We also collect your personal information from other companies.</p>	
Why can’t I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates’ everyday business purposes- information about your creditworthiness. • Affiliates from using your information to market to you. • Sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>	
Definitions		
Affiliates	Companies related by common ownership or control. They can be financial and non-financial companies. • <i>Yorktown Management & Research, Inc., is an affiliate of Yorktown Funds.</i>	
Non-affiliates	Companies not related by common ownership or control. They can be financial and non-financial companies. • <i>Yorktown Funds does not share with non-affiliates so they can market to you.</i>	
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products to you. • <i>Yorktown Funds does not jointly market.</i>	