



# COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

Mail To: The Yacktmán Funds, Inc.  
c/o U.S. Bancorp Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Yacktmán Funds, Inc.  
c/o U.S. Bancorp Fund Services  
615 East Michigan Street, 3rd Floor  
Milwaukee, WI 53202-5207

For additional information, please call The Yacktmán Funds at 1-800-525-8258.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 from 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 at the current day's net asset value.

### 1. Designated Beneficiary

Full Name	Daytime Phone Number (     )
Permanent Address (P.O. Box not acceptable)	
City/State/Zip	
Birthdate	Social Security Number

### 2. Parent or Guardian

Name	Daytime Phone Number (     )
Address (if different from above) (P.O. Box not acceptable)	
City/State/Zip	Relationship
Social Security Number	Birthdate

Check this box if the Responsible Individual (Parent or Guardian) wishes to continue to control the account after the Designated Beneficiary attains the 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.

### 3. Account Type

Refer to Disclosure Statement for eligibility requirements and contribution limits.

- Select one of the following account types:
- Coverdell Education Savings Account (CESA) (\$500 minimum initial investment; \$50 with an Automatic Investment Plan) For Tax Year 20 \_\_\_\_
  - Rollover Account - specify the type of rollover:
    - 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. Complete a Transfer Form.

### 4. Your Investment Instructions

By check: Make check payable to The Yacktmán Funds. \$ \_\_\_\_\_

By wire: Call 1-800-525-8258, indicate amount of wire \$ \_\_\_\_\_

	AMOUNT
<input type="checkbox"/> The Yacktmán Fund	\$ _____
<input type="checkbox"/> The Yacktmán Focused Fund	\$ _____
<input type="checkbox"/> First American Prime Obligations Fund	\$ _____
<input type="checkbox"/> First American Treasury Obligations Fund	\$ _____
<input type="checkbox"/> First American Gov't Obligations Fund	\$ _____
Total Investment	\$ _____

### 5. Telephone

- Purchase (EFT) (\$500 minimum) - permits the purchase of shares from your bank account below
- Exchange (\$1,000 minimum) - permits the exchange of shares between identically registered accounts

Name(s) on Bank Account \_\_\_\_\_

Bank Name	Account Number
Bank Address	Bank Routing Number/ABA #

**6. Automatic Investment Plan**

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

Please include a voided bank check or savings deposit slip.

The minimum initial investment for an Automatic Investment Plan is \$50.

Please start my Automatic Investment Plan as described in the Prospectus beginning: Month \_\_\_\_\_ Year \_\_\_\_\_. I hereby instruct U.S. Bancorp Fund Services, LLC, Transfer Agent for The Yacktman Funds to automatically transfer \$\_\_\_\_\_ (minimum \$50) directly from my checking or savings account named below on or about \_\_\_\_\_ (day) of each month or the next business day thereafter. (You may invest up to 4 times a month as long as there is a 7 day interval between each investment.) I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

Name(s) on Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Signature of Bank Account Owner \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_

**7. Signature**

I have read and understood the Disclosure Statement and Custodial Account Agreement. I adopt The Yacktman Funds, Inc.'s 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 Yacktman Funds. I understand the Fund's objectives and policies and agree to be bound to the terms of the Prospectus. I will obtain the current Prospectus for each Fund into which I may exchange before I request the exchange. I agree to notify the Funds 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 Funds and its Transfer Agent shall not be liable if I fail to notify the Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

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

The Yacktman Funds, Inc., the applicable Fund, its Transfer Agent and any officers, directors, employees, or agents of these entities (collectively "The Yacktman Funds"), will not be responsible for banking system delays beyond their control. By signing section 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund will not be liable for acting upon instructions believed 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 funds 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 personally by me. 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 a reasonable amount of time to act upon written notice of revocation.

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

Appointment as Custodian accepted:  
U.S. BANK, N.A.

