



P.O. BOX 13584, Denver, CO 80201  
877-485-8586 | www.cullenfunds.com

## COVERDELL EDUCATION SAVINGS TRANSFER OF ASSETS FORM - Class C

### SECTION 1: Responsible Individual

Responsible Individual's Name (Last, First, Middle Initial)

Responsible Individual's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )  
Day Phone

( )  
Evening Phone

E-mail Address

### SECTION 2: Designated Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address- If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )  
Day Phone

( )  
Evening Phone

E-mail Address

### SECTION 3: Current Custodian

To avoid delays please check with your current Custodian for the correct address and to find out if they require a signature guarantee. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - (P. O. Box or Street)

City, State, Zip Code

( )  
Day Phone

( )  
Evening Phone

### SECTION 4: Investment Instructions

#### Type of Request

- I am opening a new account(s) and have attached the required application(s) and document(s).
- I already have an Cullen Funds Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number

**SECTION 4: Investment Instructions (continued)**

Use the investment instruction below to identify the amounts for this deposit; otherwise the investment instructions on your original application will be used.

| Fund Name    | Fund Number | Ticker | Amount   | or | Percent    | % |
|--------------|-------------|--------|----------|----|------------|---|
| _____        | _____       | _____  | \$ _____ |    | _____      | % |
| _____        | _____       | _____  | \$ _____ |    | _____      | % |
| _____        | _____       | _____  | \$ _____ |    | _____      | % |
| _____        | _____       | _____  | \$ _____ |    | _____      | % |
| <b>Total</b> |             |        | \$ _____ |    | <b>100</b> | % |

**SECTION 5: Transfer Instructions**

The following investment(s) will be transferred to BOKF, NA dba Colorado State Bank and Trust. as Custodian for the Cullen Funds Coverdell ESA.

For Certificates of Deposit, redeem:  Immediately  At Maturity Date

**Investment #1**

Fund Name/Type of Investment \_\_\_\_\_ Account Number \_\_\_\_\_

Liquidate  Transfer in Kind  Entire Account  Partial Account \$ \_\_\_\_\_ or \_\_\_\_\_ %

**Investment #2**

Fund Name/Type of Investment \_\_\_\_\_ Account Number \_\_\_\_\_

Liquidate  Transfer in Kind  Entire Account  Partial Account \$ \_\_\_\_\_ or \_\_\_\_\_ %

**SECTION 6: Instructions to the Responsible Individual**

**Please Read Carefully**

This form will be used by the Cullen Funds to initiate a transfer of assets to your Coverdell ESA at the Cullen Funds. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) to:

**Mailing Address**  
Cullen Funds  
P.O. Box 13584  
Denver, CO 80201

**Overnight Address**  
Cullen Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

**SECTION 7: Instructions to Resigning Custodian/Transfer Agent**

Please liquidate the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions to:

**Mailing Address**  
Cullen Funds  
P.O. Box 13584  
Denver, CO 80201

**Overnight Address**  
Cullen Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

**SECTION 8: Signatures**

I authorize the transfer of assets as noted above to my Cullen Funds Coverdell ESA and BOKF, NA dba Colorado State Bank and Trust to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

