

Use this COVERDELL ESA Application to open a COVERDELL ESA.

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. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-912-4562.

Please note that a \$15.00 annual maintenance/custodian fee will be charged.

PART I: DEPOSITOR INFORMATION (Generally the person opening the ESA) (*DENOTES REQUIRED INFORMATION)

Depositor's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*		Evening Phone		

PART II: DESIGNATED BENEFICIARY INFORMATION (Generally the student)

Minor's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Daytime Phone*		Evening Phone		

PART III: RESPONSIBLE INDIVIDUAL INFORMATION (Generally the Parent or Guardian)

Parent/Guardian's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*		Evening Phone		

Relationship to the Designated Beneficiary: ☐ Mother ☐ Father ☐ Guardian ☐ Other (specify) _____

PART IV: AUTHORITY OF RESPONSIBLE INDIVIDUAL

Option 1:

☐ Yes ☐ No The Responsible Individual named above may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) in accordance with the Custodian's procedures.

Option 2:

☐ Yes ☐ No The Responsible Individual shall continue to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

(If no boxes are checked in Option 1 or 2 above, the answer will be assumed to be "No.")

PART V: SUCCESSOR RESPONSIBLE INDIVIDUAL

If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the following individual will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

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

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different than above) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

Relationship to the Designated Beneficiary: ☐ Mother ☐ Father ☐ Guardian ☐ Other (specify) _____

PART VI: CONTRIBUTION INFORMATION

Source of Funds (Select One):

☐ Regular Contribution Amount: _____ Tax Year: _____

☐ Direct Transfer Basis: _____ Earnings: _____

☐ Rollover Basis: _____ Earnings: _____

Important: Contributions made to your ESA will be for the current tax year unless you specify prior year.

The minimum initial investment in the Fund is \$1,000 for Class A, Class C, and Investor Shares, \$100,000 for Institutional, and \$1,000,000 for R6 Shares.

PART VII: INVESTMENT SELECTION

Name of Investment	Share Class	Total Investment Amount
Fuller & Thaler Behavioral Small-Cap Equity Fund	Investor	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	R6	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	A	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	C	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	Investor	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	Institutional	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	R6	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	A	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	C	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	Investor	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	Institutional	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	R6	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	R6	\$
Fuller & Thaler Behavioral Small-Mid Core Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Micro-Cap Equity Fund	Institutional	\$
		TOTAL: \$

PART IX: ACCOUNT SERVICE OPTIONS FOR YOUR ESA

The completion of this section is *OPTIONAL*.

☐ **Automatic Investment Program (AIP)** – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plans must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your ESA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Fuller & Thaler Funds to initiate investments into my mutual fund account according to the following frequency:

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Twice Each Month ☐ Monthly

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

PART IX: ACCOUNT SERVICE OPTIONS FOR YOUR ESA-CONTINUED

Bank Account Information

Provide information about your checking or savings account to establish a Automatic Investment Plan by ACH. Please select one of the following:

- ☐ Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- ☐ Provide information about your bank account below.

Enter your checking or savings account information:

Bank Name	Bank Phone Number
Bank Address	ABA Routing Number
City	State Zip
Name(s) on Bank Account	Bank Account Number
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____ 1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.
	\$ _____ DOLLARS
BANK NAME BANK ADDRESS	

PART X: DEATH BENEFICIARY DESIGNATION

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive the Designated Beneficiary. If no Primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the Contingent beneficiaries who survive the Designated Beneficiary. This beneficiary designation may be changed or revoked by completing another beneficiary designation and providing it to the ESA Trustee/Custodian.

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Social Security Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Social Security Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Social Security Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Social Security Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: _____

☐ Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART XI: SPOUSAL CONSENT

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

X _____ Date: _____

Witness:

X _____ Date: _____

PART XII: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART XIII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

☐ **By Check** Enclose a check payable to Fuller & Thaler Funds for the total amount.

☐ **By Wire** For wire instructions call Shareholder Services at 1-888-912-4562.

☐ **Other** _____

(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART XIV: ACKNOWLEDGEMENT

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

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Coverdell ESA 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 ESA 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 ESA 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.

Depositor Signature:

X _____ Date: _____

Responsible Individual’s Signature (Complete if Depositor is NOT the Responsible Individual):

X _____ Date: _____

Signature of Coverdell ESA Custodian Representative:

X _____ Date: _____

PART XV: FOR DEALER USE ONLY

Financial Institution Name

Representative’s Full Name

Address

Representative’s Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

X _____
Representative’s Signature

X _____
Supervisor’s Signature

PART XVI: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Fuller & Thaler Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery

Fuller & Thaler Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

FACTS

WHAT DOES CAPITOL SERIES TRUST 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 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?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- account balances and account transactions
- account transactions, transaction or loss history and purchase history
- checking account information and wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' 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 Capitol Series Trust chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Capitol Series Trust share?
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
For our marketing purposes— to offer our products and services to you	Yes
For joint marketing with other financial companies	No
For our affiliates' everyday business purposes— information about your transactions and experiences	No
For our affiliates' everyday business purposes— information about your creditworthiness	No
For nonaffiliates to market to you	No

Questions?

Call 1-888-912-4562.

Who we are

Who is providing this notice?

Capitol Series Trust

What we do

How does Capitol Series Trust protect my 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.

How does Capitol Series Trust collect my personal information?

We collect your personal information, for example, when you

- open an account or deposit money
- buy securities from us or sell securities to us
- make deposits or withdrawals from your account provide account information
- give us your account information
- make a wire transfer
- tell us who receives the money
- tell us where to send the money
- show your government-issued ID
- show your driver's license

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- **Capitol Series Trust does not share your personal information with nonaffiliates so they can market to you.**

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- **Capitol Series Trust doesn't jointly market financial products or services to you.**