

# Coverdell Education Savings Account Transfer Form

**Regular Mail:**  
Ariel Investment Trust  
U.S. Bank Global Fund Services  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Delivery:**  
Ariel Investment Trust  
U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

! Please use this form to transfer assets from an existing Education Savings Account to a(n) Ariel Investment Trust Education Savings Account. If you are opening a new Education Savings Account for this transfer, please complete an Education Savings Account Application. Once completed, mail this application to the address above.

**PLEASE PRINT ALL ITEMS EXCEPT SIGNATURE(S) AND BE SURE TO SIGN IN THE SIGNATURE SECTION OF THIS FORM.**

## 1 Name, Address and Consent of Person Who Controls the Current Account

PARENT/GUARDIAN FIRST NAME		M.I.	LAST NAME		SOCIAL SECURITY NUMBER
DATE OF BIRTH	MAILING ADDRESS		CITY / STATE / ZIP		
EMAIL ADDRESS	DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		

Mother  Father  Guardian\*

\*If "guardian", submit proof of guardianship.

## 2 Name of Student (For whom the education savings account is benefiting)

FIRST NAME OF STUDENT		M.I.	LAST NAME		SOCIAL SECURITY NUMBER
DATE OF BIRTH	MAILING ADDRESS		CITY / STATE / ZIP		
EMAIL ADDRESS	DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		

## 3 Instruction to Current Education Savings Account Custodian or Trustee

CURRENT ACCOUNT NUMBER	NAME OF CUSTODIAN/TRUSTEE	
MAILING ADDRESS	CITY / STATE / ZIP	

Please transfer assets from the above account to U.S. Bank, NA. Transfer should be in cash according to the following instructions:

- Transfer the total amount in this Account.
- Transfer \$ \_\_\_\_\_ or \_\_\_\_\_ shares and retain the balance.

Make check payable to: Ariel Investment Trust FBO

BENEFITING STUDENT'S NAME

## 4 Fund Selection

Please indicate the amount to be invested in each fund

Check one box and complete the necessary information:

- Invest the transferred amount in accordance with the investment instructions currently in effect for the Student's Ariel Investments Education Savings Account.

If such an Account is already open, please provide the account number:

- Invest the transferred amount to my Education Savings Account as follows:

	<b>Amount To Be Invested</b>		<b>Percentage</b>
<input type="checkbox"/> Ariel Fund	\$ <input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Ariel Appreciation Fund	\$ <input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Ariel Focus Fund	\$ <input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Ariel International Fund	\$ <input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Ariel Global Fund	\$ <input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> State Street Institutional U.S. Government Money Market Fund	\$ <input type="text"/>	OR	<input type="text"/>
Total All Funds	<input type="text"/>	OR	<input type="text"/>

The undersigned acknowledges having sole responsibility for the foregoing investment choices and having received a current prospectus for each Fund selected. Please read the prospectus(es) for the Ariel Investment Trust selected, including the privacy notice. The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all requirements and for the tax results of any such transfer.

## 5 Signature of Student, Parent or Guardian

SIGNATURE OF STUDENT / PARENT / GUARDIAN (PLEASE CIRCLE ONE)

DATE (MM/DD/YYYY)

**SPECIAL NOTE:** If Student is a minor under the law of Student's state of residence, the parent or guardian must execute this Education Savings Account Transfer of Assets Form.

**SIGNATURE GUARANTEE** (only if required by current custodian or trustee) A signature guarantee may be obtained from a bank, a member of a national securities exchange, savings and loan associations, credit union, broker, or other acceptable financial institutions. Please note that a Notary Public stamp or seal is unacceptable.

SIGNATURE GUARANTEED BY:

NAME OF BANK OR DEALER FIRM

\_\_\_\_\_  
SIGNATURE OF OFFICER AND TITLE

## 6 Acceptance by New Custodian

To be completed by U.S. Bank, NA.

U.S. Bank, NA. agrees to accept transfer of the above amount for deposit to the Student's U.S. Bank, NA. Coverdell Education Savings Custodial Account, and requests the liquidation and transfer of assets as indicated above.

Appointment as Custodian accepted:

U.S. BANK, NA



**For additional information please call toll-free 800-292-7435.**