



## Coverdell Education Savings Account Application

Please complete this form to establish a **Westcore Education Savings Account**. For assistance, please call **1-800-392-CORE (2673)**. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions 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, address, date of birth, **identification number**, and other information that will allow us to identify you. **We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity.** Applications without such information may not be accepted. Westcore Funds reserves the right to place limits on the transactions in your account until your identity is verified.

### 1 Student Information

Please provide all of the requested information about the Student for whose benefit the Education Savings Account is being opened.

Student's First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Mailing Address			City	State Zip
Address of Residence (required if different from Mailing Address or if Mailing Address is a P.O. Box)			City	State Zip

Mark box if Student is a Special Needs Student

### 2 Parent Information

Please provide the requested information about the Parent or Guardian who will control the Account on behalf of the Student who has not yet reached the age of majority in his or her state of residence. On this application, the term "Parent" refers to a parent or guardian who is listed in this section and who will serve as the "Responsible Individual" on the account. **Note:** Contributions benefiting a particular Student are limited to \$2,000 per year. If necessary, the Parent should check with any other parent or guardian of the Student to ensure that contributions for a year on that Student's behalf (from all sources) do not exceed the maximum level. Leave this section blank if inapplicable. Only one person may be listed as the "Parent" even if the Student lives with both parents.

Parent's First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Mailing Address			City	State Zip
Address of Residence (required if different from Mailing Address or if Mailing Address is a P.O. Box)			City	State Zip

Mother    Father    Guardian (If "guardian," please submit proof of guardianship.)

### 3 Donor Information

Please provide all requested information about the Donor. The Donor is the individual or entity making a contribution to the Account. The individual (or representative of a corporate entity on the corporate entity's behalf) should sign this Agreement where indicated in Section 8. If the contribution is being made by a corporate entity, provide the corporate employer identification number ("EIN") and the name of the individual who is completing the form for the corporate entity. Once the Donor has made the contribution and selected the initial investments, the Donor has no further rights or responsibilities related to the Account, unless the Donor is the Student or the Parent. If the only contribution to the Account is a rollover or transfer from an existing Education Savings Account, leave this section blank.

Donor's First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Mailing Address			City	State Zip
Address of Residence (required if different from Mailing Address or if Mailing Address is a P.O. Box)			City	State Zip

### 4 Designation of Beneficiary

I hereby designate the individuals below as the beneficiary(ies) of this Education Savings Account. I understand that the Student can change or add beneficiaries (by written notice) at any time after the Account is established. If the designated beneficiary is a family member of the Student and is under age 30 (or a Special Needs Student) at the time of the Student's death, the Account may remain an Education Savings Account for the benefit of the designated beneficiary (who thereafter will be treated as the Student for purposes of administering the Account). If the designated beneficiary at the time of the Student's death is not a family member of the Student under age 30 (or not a Special Needs Student), the designated beneficiary will be entitled to receive the remaining Account balance as a taxable distribution. If no designated beneficiary survives the Student, the Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence).

Please attach a letter of instruction if you would like to name more than two primary beneficiaries or if you would like to name contingent beneficiaries.

#### Primary Beneficiary(ies):

Name	Relationship	Name	Relationship		
Social Security Number	Date of Birth	% of Account	Social Security Number	Date of Birth	% of Account

If distribution percentages are not specified or do not total 100%, Westcore Funds will assume equal beneficiary distribution.

### 5 Education Savings Account Election

Please tell us which type of Education Savings Account you are opening by selecting one box below.

**Annual Contribution** for tax year: \_\_\_\_\_  
Amount Enclosed: \$ \_\_\_\_\_

Please note that effective **January 1, 2002**, contributions to the Account by an individual for a particular year may be made by April 15 of the following year.

**Transfer** of existing Education Savings Account from another Custodian.<sup>1</sup>

**Rollover** of distribution from existing Education Savings Account to me within 60 days after distribution. **Please Note:** The requirements for a valid rollover are complex. See the Education Savings Account Disclosure Statement for additional information about the requirements for a valid rollover.

Amount Enclosed: \$ \_\_\_\_\_

**Note:** Amounts rolled from an existing Education Savings Account to another Education Savings Account are permitted only if the receiving account is for the benefit of the same Student as the existing account or is for the benefit of a family member who is under age 30 at the time of the rollover or is a Special Needs Student. Family members include all of the following: (i) the Student's spouse, (ii) the Student's children and their descendants, stepchildren and their descendants, siblings and their children, parents and grandparents, stepparents, and spouses of all of the foregoing, or (iii) an individual who is a first cousin of the Student.

The Student in Section 1 of this application is the \_\_\_\_\_  
of the Student named on the account being \_\_\_\_\_  
(relationship)  
rolled over.

<sup>1</sup>Please complete Transfer of Education Savings Account Assets Form.

### 6 Investment Selection

Initial purchase minimum is \$1,000 per fund. Please make checks payable to Westcore Funds.

#### Invest to my account as follows:

Fund Name	Amount	or	%
200 - Westcore MIDCO Growth Fund	\$ _____		_____ %
195 - Westcore Growth Fund	\$ _____		_____ %
1289 - Westcore Select Fund	\$ _____		_____ %
1287 - Westcore International Frontier Fund	\$ _____		_____ %
204 - Westcore Blue Chip Fund	\$ _____		_____ %
298 - Westcore Mid-Cap Value Fund	\$ _____		_____ %
208 - Westcore Small-Cap Opportunity Fund	\$ _____		_____ %
300 - Westcore Small-Cap Value Fund	\$ _____		_____ %
205 - Westcore Micro-Cap Opportunity Fund	\$ _____		_____ %
213 - Westcore Flexible Income Fund	\$ _____		_____ %
198 - Westcore Plus Bond Fund	\$ _____		_____ %
189 - BlackRock Money Market Portfolio	\$ _____		_____ %
<b>Total</b>	\$ _____		_____ %

## 7 Special Account Options

These options are subject to the terms set forth in the prospectus. Please see the prospectus for more information.

### A Automatic Investment Plan

Yes (Please complete the following.)  No

This option allows the Donor to make automatic investments (must be the equivalent of at least \$100 per month per fund) into the Westcore Education Savings Account directly from the Donor's bank checking or savings account. **Please also complete Bank Information in Section 7B.**

Fund Name	Amount
200 - Westcore MIDCO Growth Fund	\$ _____
195 - Westcore Growth Fund	\$ _____
1289 - Westcore Select Fund	\$ _____
1287 - Westcore International Frontier Fund	\$ _____
204 - Westcore Blue Chip Fund	\$ _____
298 - Westcore Mid-Cap Value Fund	\$ _____
208 - Westcore Small-Cap Opportunity Fund	\$ _____
300 - Westcore Small-Cap Value Fund	\$ _____
205 - Westcore Micro-Cap Opportunity Fund	\$ _____
213 - Westcore Flexible Income Fund	\$ _____
198 - Westcore Plus Bond Fund	\$ _____
189 - BlackRock Money Market Portfolio	\$ _____

How often would you like to invest?

Monthly  Quarterly  Annually

On or about what day? \_\_\_\_\_

*If no date is specified, investments will be made on the 15th of each month.*

### B Bank Information

Please complete this section to authorize electronic transfers between your bank and Westcore for automatic purchases.

**A voided check or savings deposit slip from your bank account must be attached to this form.**

Please indicate type of account:  Checking  Savings

\_\_\_\_\_  
Name on Bank Account

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

\_\_\_\_\_  
ABA Routing Number (first nine digits at bottom left on check)

\_\_\_\_\_  
Bank Account Number (include branch number)

### C Telephone/Online Transaction Privileges

The Student, or the Parent if the Student has not yet reached the age of majority in the state in which the Student then resides, will automatically have access to this Education Savings Account via our automated telephone and online computer service unless the Donor specifically declines them below. The Student may change these privileges at any time after the Account is established.

- This Account WILL NOT have telephone or online privileges.  
 This Account WILL NOT have automatic telephone transaction privileges.  
 This Account WILL NOT have online transaction privileges.

## 8 Signature Guarantee Option

A Signature guarantee will not be required for redemptions greater than \$25,000 from your account unless you specifically request it below.

Yes, I would like the Funds to require a signature guarantee for redemptions greater than \$25,000 from my account.

## 9 Signatures and Certifications

By signing below:

- I certify that I have received, read, and understand the current prospectus for the Fund(s) elected for the initial investment of this account and that this account is subject to the terms of the prospectus, as amended from time to time. I understand that past performance is not indicative of future results and that shares of the funds are not bank deposits and are not insured by the FDIC.
- I hereby establish an Education Savings Account for the benefit of the Student with Colorado State Bank and Trust, N.A. as Custodian.
- I certify that I am of legal age and have the power and authority to establish this account.
- I authorize Westcore Funds and its agents to act upon instructions (by phone, in writing, online or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Westcore Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated by phone or computer are genuine. "Reasonable procedures" might include, for example, recording instructions, providing written confirmation of transactions or requiring a form of personal identification prior to acting on instructions received by telephone or computer. I consent to the recording of telephone conversations.

I understand that unless the boxes declining telephone/online transaction privileges are checked, I will be considered to have authorized telephone/online transaction privileges.

I understand that this application is subject to acceptance or rejection by Westcore Funds and its transfer agent and the authorization for this account shall continue until the Fund receives notice of modification signed by all appropriate parties. I also understand that all terms shall be binding upon heirs, representatives and assignees of the account owners.

I certify that if this is an Annual Contribution Education Savings Account, that the Student is less than 18 years old or is a Special Needs Student and that all Contributions that are made on the Student's behalf to this or any other Education Savings Accounts do not exceed \$2,000 in a single tax year. If this is a Transfer or a Rollover of an existing Education Savings Account, the undersigned certifies that the Student is less than 30 years old or is a Special Needs Student and that the relationship indicated in Section 5 is correct.

I certify that I have received and read the "Education Savings Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Colorado State Bank and Trust, N.A. Coverdell Education Savings Custodial Account Agreement, and the instructions pertaining to this Application.

I acknowledge receipt of the Custodial Account Agreement and Education Savings Account Disclosure Statement at least 7 days before the date of signature (as indicated below) and acknowledge that there is no further right of revocation.

I certify that if this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this application on behalf of such entity and that the establishment of the Account and contribution thereto have been duly approved by all requisite corporate actions.

I acknowledge that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certify that the information provided above is accurate and correct.

### Certifications Concerning Status

By signing this form, I certify that the Student is a U.S. Person (a U.S. citizen or a resident alien) or a Foreign Person (a nonresident alien), as indicated by checking the appropriate box below, and making the related certifications.

The Student is (check one):

a **U.S. Person**. I certify that the number shown in Section 1 of this Application is the Student's correct Social Security number (or the Student is waiting to be issued a Social Security number).

a **Foreign Person**. I acknowledge that the IRS does not require consent to any provision of this document other than the Form W-8BEN certification required to avoid backup withholding and qualify for a tax treaty rate of withholding (see IRS Publication 515).

### Delivery Consent of Investor Documents

Unless otherwise indicated below, I consent to the delivery by Westcore Funds of one copy of each prospectus, shareholder report and (if and when permitted by law) other information to all shareholders who now or hereafter share the same mailing address as this account. This consent will become effective when my account is opened and will continue thereafter indefinitely, unless I revoke my consent, in which case I will begin to receive individual copies within 30 days.

Check here only if you **DO NOT** consent to the foregoing.

### Special Information Concerning the Money Market Portfolio

If I invest in the BlackRock Money Market Portfolio, I understand that I am authorizing ALPS Mutual Funds Services, Inc. to effect purchase and redemption orders on my behalf and to act as the custodian and record owner of my shares of that Portfolio. Ownership of those shares will be evidenced on books and records maintained by ALPS Mutual Funds Services, Inc. Denver Investment Advisors LLC receives shareholder servicing fees from the Portfolio as described in the Portfolio's prospectus.

X \_\_\_\_\_  
Signature of Student Date  
*(If Student **has** attained the age of majority in his/her state of residence.)*

X \_\_\_\_\_  
Signature of Parent Date  
*(If Student **has NOT** attained the age of majority in his/her state of residence.)*

X \_\_\_\_\_  
Signature of Donor (or Representative of Corporate Entity) Date

\_\_\_\_\_  
Daytime Phone Evening Phone E-mail Address (if any)

If the Student is a minor under the laws of the Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the agreement of the Parent (identified in Section 2) to be responsible for all requirements of the Student under the documents governing the Account, and to exercise the powers and duties of the Student, with respect to the operation of the Account. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.

## 10 Custodial Acceptance

**Custodian Acceptance:** Colorado State Bank and Trust, N.A. will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated will serve as notification of Colorado State Bank and Trust, N.A. acceptance of appointment as Custodian of the Depositor's Account.

**Mail to:** Westcore Funds ■ P.O. Box 44323 ■ Denver, CO 80201-4323 ■ *Thank you for your investment in Westcore Funds!*

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