



STEWARD FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

For assistance in completing this form, please contact us at 800-695-3208. Please mail your completed and signed form to Steward Funds, PO Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3320. Overnight: Crossmark Steward Funds, C/O Northern Trust, Attn: Funds Center, Floor 38, 333 S. Wabash Avenue, Chicago, IL 60604

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

DESIGNATED BENEFICIARY (CHILD FOR WHOM THE ACCOUNT IS BEING ESTABLISHED)

DESIGNATED BENEFICIARY'S FIRST NAME MIDDLE INITIAL LAST NAME

DESIGNATED BENEFICIARY'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING) DATE OF BIRTH

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

DEPOSITOR (THE INDIVIDUAL MAKING THE CONTRIBUTION, IF DIFFERENT FROM THE RESPONSIBLE INDIVIDUAL)

DEPOSITOR'S FIRST NAME MIDDLE INITIAL LAST NAME

DEPOSITOR'S SOCIAL SECURITY NUMBER DATE OF BIRTH

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

RESPONSIBLE INDIVIDUAL (PARENT OR LEGAL GUARDIAN WHO IS AUTHORIZED TO ACT ON THE ACCOUNT)

RESPONSIBLE INDIVIDUAL'S FIRST NAME MIDDLE INITIAL LAST NAME

RESPONSIBLE INDIVIDUAL'S SOCIAL SECURITY NUMBER DATE OF BIRTH MOTHER'S MAIDEN NAME

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME) TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS

1 PROVIDE YOUR INVESTOR INFORMATION *(continued)*

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

CITY/STATE/ZIP

*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

Yes No The Responsible Individual 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.

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 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 a box is not checked in response to the questions above, the answer will be deemed to be No.

SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

SUCCESSOR RESPONSIBLE INDIVIDUAL'S FIRST NAME

MIDDLE INITIAL

LAST NAME

SUCCESSOR RESPONSIBLE INDIVIDUAL'S SOCIAL SECURITY NUMBER

DATE OF BIRTH

MOTHER'S MAIDEN NAME

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

2 SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT

The minimum investment for Class A is \$1,000 per fund. Minimum is waived if you are establishing an Automatic Investment Plan (see Section 3). The minimum investment for Class Inst is \$100,000 per fund. Please note that money orders, traveler's checks, and third-party checks are not accepted.

Class A shares are subject to sales charges, as described in the Steward Funds' current prospectus.

FUND NAME	CLASS AND FUND NUMBER		AMOUNT
Steward Covered Call Income Fund	<input type="checkbox"/> Class A, 361	<input type="checkbox"/> Institutional Class, 364	
Steward Equity Market Neutral Fund	<input type="checkbox"/> Class A, 402	<input type="checkbox"/> Institutional Class, 401	
Steward Global Equity Income Fund	<input type="checkbox"/> Class A, 314	<input type="checkbox"/> Institutional Class, 315	
Steward International Enhanced Index Fund	<input type="checkbox"/> Class A, 310	<input type="checkbox"/> Institutional Class, 311	
Steward Large Cap Core Fund	<input type="checkbox"/> Class A, 412	<input type="checkbox"/> Institutional Class, 411	
Steward Large Cap Growth Fund	<input type="checkbox"/> Class A, 422	<input type="checkbox"/> Institutional Class, 421	
Steward Large Cap Value Fund	<input type="checkbox"/> Class A, 432	<input type="checkbox"/> Institutional Class, 431	
Steward Select Bond Fund	<input type="checkbox"/> Class A, 306	<input type="checkbox"/> Institutional Class, 307	
Steward Values Enhanced Large Cap Fund	<input type="checkbox"/> Class A, 304	<input type="checkbox"/> Institutional Class, 305	
Steward Values Enhanced Small-Mid Cap Fund	<input type="checkbox"/> Class A, 352	<input type="checkbox"/> Institutional Class, 353	

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check Payable to Steward Funds
- Wire (please call 800-695-4766 for instructions)
- Direct Rollover from another institution (please include a completed Coverdell ESA Rollover Form)

NORTHERN TRUST BANK ABA #071000152 Credit A/C 5201680000 REFERENCE: //1038 (followed by fund number and a/c number).

Important - Before wiring money to the Northern Trust Bank, shareholders must call 800-695-3208 to place the order and confirm wire instructions.

CHOOSE YOUR CONTRIBUTION TYPE

- Contribution for Tax Year _____

Note: If no Tax Year is indicated, the default value will be the current year in which your contribution is received by the Custodian.

- Direct Rollover from another institution (please include a completed Coverdell ESA Rollover Form).
- Rollover from a previous ESA plan custodian in which you took receipt of assets

3 ESTABLISH AUTOMATIC INVESTMENT PLANS (OPTIONAL)

An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 7. Note that automatic investments will be made as current year contributions.

Investment Amount (monthly minimum \$100.00)

Frequency (check one) Once a month on the 1st Once a month on the 15th

Start Date _____

If no date is selected, the 1st of the next calendar month will be used.

4 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Dividend and Capital Gains distributions will be automatically reinvested.

In order to request distributions from your ESA account, the Coverdell ESA Distribution Form must be completed.

5 TELEPHONE PRIVILEGES

Privileges to exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

- I do not want telephone privileges

6 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan. **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT _____

BANK NAME _____

BANK ADDRESS _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

- Checking Account
- Savings Account

7 ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

8 SIGN YOUR NAME

By signing this form, I certify that I have received, read, and agree to the terms of the Funds' in which I am investing and agree to the terms therein. I have the legal capacity and complete authority to invest in the fund(s), am of legal age in my state to purchase such shares, and believe each investment is appropriate.

I authorize the Fund and its agents to act upon my written and/or verbal instructions that are believed to be genuine for this account. I agree that neither the Fund, nor its agents and affiliates, will be liable for any loss or expense for acting on such instructions, provided that the Fund employs reasonable procedures to confirm the legitimacy and accuracy of the given instructions.

1. I confirm I have received and read the current prospectus and privacy notice for the fund(s) I am investing in.
2. I understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
3. I understand that Federal Law requires the Funds to obtain, verify, and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account and that applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted.

I further understand that after acceptance, the Fund reserves the right to

- (1) place limits on transactions in any account until my identity is verified; or
 - (2) refuse my investment in the Funds; or
 - (3) redeem shares and close my account in the event that my identity is not verified.
4. I agree that the Funds and their agents will not be responsible for any loss resulting from my delay in providing all required information or from restricting transactions or closing an account when my identity is not verified.
 5. For Foreign Investors: I understand that if the Fund allows the exception for foreign investors, I must complete any additional information to meet all USA Patriot Act requirements before my application can be approved and that I may be subject to withholding. Please consult a tax advisor.
 6. For Corporations, Trusts, or Other Entities: I acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be an authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on behalf of the entity which was last received by the Funds or their agent. I agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
 7. I understand that if I am unable to be located by the fund or the Transfer Agent, my account may be deemed legally abandoned and then escheated to the appropriate state's unclaimed property administration in accordance with statutory requirements.

I adopt this Coverdell ESA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the 5305-EA Plan Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required unless filed by the Custodian.

I have read, and I accept the Custodial Agreement herein, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 Instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

FOR BROKER/DEALER USE ONLY

8.24

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE