



# 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.

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 Small Cap Growth Fund	<input type="checkbox"/> Class A, 442	<input type="checkbox"/> Institutional Class, 441	
Steward Values-Focused Large Cap Enhanced Index Fund	<input type="checkbox"/> Class A, 304	<input type="checkbox"/> Institutional Class, 305	
Steward Values-Focused Small-Mid Cap Enhanced Index Fund	<input type="checkbox"/> Class A, 352	<input type="checkbox"/> Institutional Class, 353	

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**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.

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**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

All account owners or trustees must sign below. Please sign exactly as your name appears in Section 1.

- I am of legal age and have received and read the current prospectus for the funds I am investing in.
- I understand that shares of the funds are not insured or guaranteed by the FDIC or any other governmental agency.
- 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. 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. After acceptance, the Funds reserve the right to (1) place limits on transactions in any account until the identify of the investor is verified; or (2) refuse an investment in the Funds; or (3) redeem shares and close an account in the event that an investor's identify is not verified. The Asset Management Fund and its agents will not be responsible for any loss resulting from the investor's delay in providing all required information or from restricting transactions or closing an account when an investor's identity is not verified.
- Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be used to me 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 a failure to report all interest or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person. Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.

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.

SIGNATURE OF DEPOSITOR

PRINTED NAME

DATE

SIGNATURE OF RESPONSIBLE INDIVIDUAL

PRINTED NAME

DATE

## FOR BROKER/DEALER USE ONLY

(11/21)

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE