

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	A	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	C	\$
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 Growth Fund	A	\$
Fuller & Thaler Behavioral Small-Cap Growth 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 Mid-Cap Value Fund	A	\$
Fuller & Thaler Behavioral Mid-Cap Value 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	A	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	C	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	R6	\$
Fuller & Thaler Behavioral Small-Mid Core Equity Fund	A	\$
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 *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 (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, 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:     Checking         Savings



**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 First National Bank of Omaha (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 DO THE FULLER & THALER FUNDS 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 the Fuller & Thaler Funds choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do the Funds share?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	<b>Yes</b>
<b>For our marketing purposes—</b> to offer our products and services to you	<b>No</b>
<b>For joint marketing with other financial companies</b>	<b>No</b>
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	<b>No</b>
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	<b>No</b>
<b>For nonaffiliates to market to you</b>	<b>No</b>

**Questions?**

Call (888) 912-4562

## Who we are

### Who is providing this notice?

Fuller & Thaler Funds  
 Ultimus Fund Distributors, LLC (Distributor)  
 Ultimus Fund Solutions, LLC (Administrator)

## 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. Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic information.

### 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
- 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.

- **Fuller & Thaler Asset Management, Inc., the investment adviser to the Funds, could be deemed to be an affiliate.**

### Nonaffiliates

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

- **The Fuller & Thaler Funds do 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.

- **The Fuller & Thaler Funds do not jointly market financial products or services to you.**