

COVERDELL ESA
 (COVERDELL EDUCATION SAVINGS ACCOUNT)
APPLICATION



DEPOSITOR INFORMATION

For Office Use Only: Account #:

Depositor Name (required) _____

Mr. Mrs. Ms. Dr.

Depositor Residential Address (required) _____

Single

City, State, Zip _____

Married

Depositor Mailing Address (optional) _____

Widowed /Divorced

COUNTY (required): _____

City, State, Zip _____

OCCUPATION (required): _____

Date of birth (MM/DD/YYYY)

Social Security Number (Required)

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Depositor Phone (_____) _____

Would you like to review your statements online?

Yes No

Fax (_____) _____

Would you like to receive email notifications of changes to your account?

Yes No

Cell (_____) _____

Email _____

RESPONSIBLE INDIVIDUAL INFORMATION (Parent/Legal Guardian, if different from above)

Name (required) _____

Date of birth (MM/DD/YYYY)

Residential Address (required) _____

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City, State, Zip _____

Phone (_____) _____

Social Security Number (Required)

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The responsible individual shall shall not continue to serve as the responsible individual after the designated beneficiary attains the age of majority pursuant to section 5.02 of the custodial agreement.

The responsible individual may may not change the beneficiary designated under this custodial agreement.

Note: The Responsible Individual may be the Depositor, but generally must be a Parent or Legal Guardian of the Beneficiary.

MINOR INFORMATION (Please furnish copy of birth certificate)

Name (required) _____

Date of birth (MM/DD/YYYY)

Residential Address (required) _____

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City, State, Zip _____

Phone (_____) _____

Social Security Number (Required)

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Important: Identification is required for all parties listed on this form. Proof of responsible individual's relation to minor must be furnished to open account.

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PLEASE INDICATE FUNDING METHOD. *Check all that apply.*

Annual Contribution
Tax year of contribution: _____
Please attach deposit coupon.

Transfer
Transfer from existing CESA.
Please attach transfer form.

Indirect Rollover
Take receipt of the assets for up to 60 days
before redepositing in a new CESA. Please
attach rollover form.

PLEASE INDICATE BENEFICIARIES

I, _____, designate the persons named below as the Primary and/or Contingent Beneficiaries of this account. A beneficiary shall be deemed to be a Primary Beneficiary if the Primary or Contingent box is not selected for said beneficiary. In the event of my demise, Primary Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). If all Primary Beneficiaries pre-decease me, Contingent Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). A Primary or Contingent beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, in the event that the aforementioned beneficiary does not survive me. In such cases, the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. In the event that there are no surviving Primary or Contingent Beneficiaries, remaining assets of the account shall be distributed to my estate in accordance with the plan provisions.

Primary Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust.

Primary Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust.

Primary Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust.

Primary Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust.

DEPOSITOR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing the Change of Beneficiary form and submitting the original to Next Generation Trust Services.

Signature of Participant: _____ Date: _____

SPOUSAL CONSENT *(only required if your spouse is not the primary beneficiary-see note below).*

This section is to be completed if your legal residence is in a Community Property State and your spouse has not been designated as your Primary Beneficiary with 100% share.

I, _____, (name of spouse) hereby approve the above beneficiary designation.

Spouse Signature

Date

APPOINTMENT OF CUSTODIAN, INVESTMENT DIRECTION AND IMPORTANT DISCLOSURES.

Your signature is required. Please read before signing. The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment

I appoint the institution shown on the separately provided disclosure, as the Custodian of my Account ("Custodian"), and understand and acknowledge that the Custodial/Plan Agreement and my Application are my agreement with the Administrator shown in this application, Next Generation TS, LLC. The Administrator may change the custodian to any institution permitted by law or as instructed by the undersigned. Written direction is understood to also include a facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information

I acknowledge that I have received a copy of the Custodial/Plan Agreement, Disclosure Statement and the Fee Disclosure. I understand that the terms and conditions that apply to this Account are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, within 7 days from the date the account application is signed, it may be revoked without penalty by mailing or delivering a written notice to the Custodian/Administrator.

Responsibility for Tax Consequences

I assume all responsibility for any taxes and/or penalties that may result from making contributions to, transactions within and distributions from my Account. I attest that I am authorized and I am of legal age to establish this Account and make investments permitted under the Custodial/Plan Agreement offered by the Custodian/Administrator.

I assume complete responsibility for:

- 1) Determining that I am eligible for a transaction that I direct the Custodian/Administrator to make on behalf of my account;
- 2) Insuring that all contributions made are within the limits set by current tax laws; and,
- 3) The taxes of any contribution (including rollover contributions and distributions).

I attest under penalties of perjury:

- 1) That I have provided you with my correct Social Security or Tax I.D. Number; and,
- 2) That I am not subject to backup withholding because I am exempt from backup withholding; or, I have not been notified by the IRS that I am subject to backup withholding; or, the IRS has notified me that I am no longer subject to backup withholding.

You must cross out #2 if you have been notified by the IRS that you are now subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as stated above, we will not release information about you to others unless you or someone you have authorized, in writing, have consented and/or instructed us to do so, or we are required by law or other regulatory authority.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until I change or revoke this designation, I hereby instruct the Custodian/Administrator to follow the investment directions that I will provide in investing and reinvesting the principal and interest, as confirmed by directions in writing to the Administrator from the undersigned for this account or other custodial account for which the Administrator serves as record keeper. The Custodian is authorized to accept written and/or verbal direction that is confirmed in writing by the undersigned, authorized party, or by the Administrator. Written direction is understood to also include facsimile signature.

This account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization the Custodian/Administrator may act solely on the written instruction or representation of the Account holder or authorized party.

I expressly certify that I take complete responsibility for the type of investments which I choose to purchase within this account. I agree to release, indemnify, defend and hold the Custodian/Administrator harmless from any and all claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken on the reliance upon my written instructions and/or representations, or in the exercise of any right, power or duty of Custodian/Administrator; its agents and/or assigns. The Custodian/Administrator may deduct from the account any amounts they are entitled for reimbursement under the foregoing hold harmless provision. I acknowledge and understand that the Custodian/Administrator shall have no responsibility or fiduciary role whatsoever related to or in connection with this account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's authorized agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the terms Administrator and Custodian include Next Generation TS, LLC, its agents, assigns, joint venturers and/or business partners.

In the event of claims made by others related to my account and/or investments where the Custodian/Administrator is a named party, the Custodian/Administrator shall have the unequivocal right at their sole discretion to appoint and select their own attorneys to represent them in such actions and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, other costs and internal costs (collectively "Litigation Costs"), incurred by the Custodian/Administrator in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by the Custodian/Administrator, on their demand, I will immediately reimburse the Custodian/Administrator any outstanding balance of the Litigation Costs. If I fail to immediately reimburse the Litigation Costs, the Custodian/Administrator shall have the unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Custodian/Administrator will not be responsible to take any action should there be any default with regard to this investment.

I understand that no one at the Custodian/Administrator has authority to agree to anything different than the above listed understandings of the Custodian's/Administrator's policy. For purposes of this paragraph, the terms Administrator and Custodian include Next Generation TS, LLC, its agents, assigns, joint venturers and/or business partners.

In executing transfers, it is understood and agreed that I will not hold the Custodian/Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor custodian and administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian, or Administrator.

If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Important Information for Opening a New Account

To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government-issued identification (driver's license or passport). The copy must be readable so we can verify the client's name, driver's license number or state issued ID number.

Our Privacy Policy

You have chosen to do business with the custodian/administrator named on the account application. As our client, the privacy of your personal non-public information is very important to us. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect

We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share

We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian/administrator have agreed to the custodian's/administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security

We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The custodian/administrator reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address or telephone number listed on the application.

I acknowledge receipt of a signed Fee Disclosure and receipt of the Custodial/Plan Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees calculated "based on value of account" (See Fee Disclosure). _____ (Please initial here that you have received, read and understand the Fee Disclosure and the Custodial/Plan Agreement and Disclosure Statement.)

I declare that I have examined this document, including all accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the fee disclosure, the plan/custodial agreement and account disclosure statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO THE NEXT GENERATION OFFICE. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.

Depositor Signature: _____ Date: _____