

# Coverdell Education Savings Account Application



SSBT

Use this application to open a Coverdell Education Savings Account (CESA). As a reminder:

- Accounts are available only to U.S. citizens and U.S. resident aliens.
- Contributions may be made until the Designated Beneficiary's 18th birthday. Rollovers and transfers from other CESAs to this CESA may be accepted until the Designated Beneficiary's 30th birthday.
- Any amount remaining in the CESA after the Designated Beneficiary's 30th birthday must be withdrawn within 30 days.
- There are no age restrictions if the Designated Beneficiary is deemed to have special needs as defined by the IRS.

If you have questions, please call us.

**Please print clearly in CAPITAL letters using black ink.**

## 1 Provide Information About the Designated Beneficiary (Child/Student)

**The Designated Beneficiary is the child or student for whom you are establishing this account.**

Designated Beneficiary's first name Middle initial Last name

U.S. Social Security number Date of birth (mm-dd-yyyy)

Citizenship:  U.S. citizen **or**  
 U.S. resident alien

Street address (No P.O. or Private Mail Boxes permitted)

City State ZIP

Check here if this is a new address.

Mailing address (If different from above; P.O. or Private Mail Boxes permitted)

City State ZIP

( )

Telephone:  Daytime  Evening  Cell

( )

Telephone:  Daytime  Evening  Cell

Email address

**Please make a copy of this application as a record of your beneficiary.**



## 4 Designate a Successor Responsible Individual

The Successor Responsible Individual is the person authorized to act in the event the death or incapacity of the Responsible Individual. Only a parent or legal guardian of the Designated Beneficiary may be named the Successor Responsible Individual.

\_\_\_\_\_  
Successor Responsible Individual's first name      Middle initial      Last name

\_\_\_\_\_  
U.S. Social Security number      Date of birth (mm-dd-yyyy)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City      State      ZIP

(      )      (      )  
\_\_\_\_\_  
Telephone:       Daytime       Evening       Cell      Telephone:       Daytime       Evening       Cell

\_\_\_\_\_  
Email address

## 5 Select Your Investments

**Fund names and minimums are available at [americancentury.com](http://americancentury.com).** You may invest only in a fund for which you have a current prospectus. Please refer to the fund's prospectus for the minimum initial investment required to establish a CESA.

Check here if you are making a CESA contribution. The maximum annual contribution for a CESA is \$2,000.

\_\_\_\_\_  
Fund name      Class of shares\*      \$  
Amount (maximum \$2,000)

Check here if you are rolling over funds from a family member's CESA or if you are transferring a CESA from another financial institution, custodian or trustee. If the funds are coming from another institution, you also must complete a *Request to Transfer/Roll Over* form.

\_\_\_\_\_  
Fund name      Class of shares\*      \$  
Amount (no maximum)

\*Please indicate Investor, A, C or Advisor class shares for CESA investments.

## 6 Establish Automatic Investments

**Enclose a voided preprinted check if different from your investment check.**

Complete this section to establish an automatic investment plan from your bank account.

\_\_\_\_\_  
Start date (month-day-year)      We'll make your investment on the 15th of each month, unless you specify another start date. If the date you select falls on a weekend or a holiday, we'll make the investment on the next business day.

\_\_\_\_\_  
Fund name      Class of shares\*      \$  
Amount

To invest directly from your paycheck or government agency, call us.

\*Please indicate Investor, A, C or Advisor class shares for CESA investments.





## 11 Provide Financial Professional Information/Limited Power of Attorney (continued)

**Section B — If you are a Registered Investment Advisor and are not affiliated with a Broker/Dealer Firm, then the Responsible Individual may grant you Limited Power of Attorney to act on their account(s) as described herein, by having their signature notarized below.**

Complete the section below unless a separate Power of Attorney is provided. The undersigned hereby appoint(s) the firm named on this application to act on my (our) behalf in the manner indicated below. **Please cross out the powers you do not want your agent to have.**

- |  |   |
|--|---|
| 1. Exchange shares                                       | 6. Establish telephone exchange and redemption authority      |
| 2. Redeem shares   | 7. Change dividend options                                    |
| 3. Change address of record                              | 8. Purchase shares  |
| 4. Change bank information                               | 9. Establish CheckWriting (available only for Investor class) |
| 5. Request account information and statements of account |   |

If you have not crossed out any of the powers listed above, your Registered Investment Advisor will be authorized to transact business on your behalf, to execute any indemnification agreement required by American Century Investments, to exercise any of these powers and to conduct, on your behalf, any and all other business with American Century Investments which such investment advisor deems necessary and appropriate. Such powers do not include transferring ownership of shares.

The financial firm is authorized to act on all CESAs listed under the Social Security number shown in step 1 on which the Responsible Individual is acting on behalf of the Designated Beneficiary. American Century Investments may rely on the authority of the named financial firm and any representative thereof until it receives notification to the contrary.

**Provide Notarization — The Responsible Individual's signature must be acknowledged by a notary public. The notary must be a disinterested third party not involved in the transaction or related to the party whose signature they are notarizing.**

Responsible Individual's signature

Date

**Acknowledgement — This section must be completed by a notary public.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

Notary public's signature (Seal)

Commission expires (month-day-year)

## 12 Waiver of Sales Charge on A Class Shares

**Complete this step only if you invest through a Financial Professional. Otherwise, proceed to step 14.**

The initial charge on A class shares may be waived for the following reasons (select one):

- Registered representatives and other employees of certain financial intermediaries (and their immediate family members, which includes their spouse or domestic partner and children, step-children, parents or step-parents of them, their spouse or domestic partner) having selling agreements with the advisor or distributor.
- Broker-dealer sponsored wrap program accounts and/or fee-based accounts maintained for clients of certain financial intermediaries who have entered into selling agreements with American Century Investments.
- Current officers, directors and employees of American Century Investments.

## 13 Reduced Sales Charge on A Class Shares

Complete this step only if you invest through a Financial Professional. Otherwise, proceed to step 14.

You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. Please refer to the prospectus or contact your Financial Professional for the sales charge breakpoints. Your Financial Professional will be able to provide additional information regarding breakpoints and will assist you with disclosing all necessary information to ensure you receive any applicable breakpoint discounts.

### Letter of Intent

Pursuant to the fund's current prospectus, it is my intention to invest (in one or more American Century Investments accounts) over a 13-month period. The aggregate amount will be at least:

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

**Note:** Purchases in the A and C Class of money market funds are excluded from the aggregate amount. Also, if you do not invest the intended amount within 13 months, the sales charge will be adjusted.

I am already investing under an existing Letter of Intent.

### Rights of Accumulation

I or my spouse or children under age 21 own shares of more than one fund in American Century Investments, which may entitle us to a reduced sales charge. Those account numbers are:

\_\_\_\_\_  
Account number(s)

## 14 Responsible Individual Signature and Date Signed

**The Responsible Individual must sign below or, if the Designated Beneficiary will act as Responsible Individual, the Designated Beneficiary must sign. Please sign exactly as your name appears on this application and include the date signed.**

- I authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my instructions or those of my Financial Professional and their advising firm for the services provided herein. I understand that I am authorized to transact business on this account by telephone, online, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all current and future accounts in all investment companies in the American Century family, listed under the taxpayer identification number shown on this form.
- In consideration of American Century accepting this application, I agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from liability for any loss, claim or expense that I may sustain as a result of their acting on transaction instructions they believe to be genuine.
- I have read and agree to the terms and conditions stated in the *Service Options*, which is incorporated into this application.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I understand that neither American Century nor any affiliated company shall be responsible or liable for any damages related to online service including, but not limited to, those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure, telephone or interconnect problems, or other occurrences beyond their control.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by me online, by telephone, fax, in writing, or by any other means acceptable to American Century, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions.
- I understand that the beneficiary designation submitted herewith is not revoked or changed by any provision of my will, personal trust or other separate agreement (e.g., prenuptial agreement or divorce settlement agreement). I acknowledge that only beneficiary revocations or designations filed with and accepted by American Century during my lifetime are considered valid and enforceable.



\_\_\_\_\_  
Responsible Individual's printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Witness's printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(required only if assigning a Successor Responsible Individual)

The witness can be any adult EXCEPT the individual designated as the Successor Responsible Individual.

## 15 Depositor Signature and Date Signed

### The Depositor must sign below. Please sign exactly as your name appears in step 2.

- I have received and read the *Coverdell Education Savings Account Disclosure Statement and Custodial Agreement*. I am of legal age.
- I acknowledge that State Street Bank and Trust Company and American Century Investments shall not be liable for any tax or other consequences in connection with contributions to this CESA.
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each person who opens an account. American Century Investments will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

#### Certify Your Tax ID

If you'd like more information about certifying your taxpayer identification number, please review the General Instructions on IRS Form W-9, which can be found at [www.irs.gov](http://www.irs.gov).

FATCA Reporting - **If you are submitting this form for an account you hold in the United States, you may leave the second field below blank.**

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

Exemptions Codes (Codes apply only to certain entities, not individuals that are exempt from reporting under FATCA)

Exemptions (see instructions in IRS Form W-9):

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_ *(Applies to accounts maintained outside the U.S.)*

I certify, under penalties of perjury, that:

- (1) The Designated Beneficiary's taxpayer identification number shown on this application is correct; and
- (2) The Designated Beneficiary is NOT subject to backup withholding because: (a) He/she is exempt from backup withholding, or (b) The Designated Beneficiary has NOT been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends (strike the word "NOT" in both parts of the sentence if you have received IRS notification) or (c) the IRS has notified the Designated Beneficiary that he/she is no longer subject to backup withholding; and
- (3) The Designated Beneficiary is a U.S. citizen or other U.S. person.
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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



Depositor's printed name

Signature

Date

**Custodial Acceptance.** If all required forms and information are properly submitted, State Street Bank and Trust Company will accept appointment as Custodian of the Custodial Account. However, this Agreement (and the Adoption Agreement) is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Custodial Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated in the Depositor's Adoption Agreement will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

#### Invest directly with American Century Investments

P.O. Box 419200  
Kansas City, MO 64141-6200  
1-800-345-2021  
[americancentury.com](http://americancentury.com)

#### Invest with a Financial Professional

P.O. Box 419786  
Kansas City, MO 64141-6786  
1-800-378-9878  
[americancentury.com/ia](http://americancentury.com/ia)