

# Coverdell Education Savings Account Application

Mail to: Osterweis Funds  
c/o U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: Osterweis Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

## 1 Designated Beneficiary (Account Holder)

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME

\_\_\_\_\_  
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) CITY / STATE / ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

Check if minor should receive statements.

## 2 Responsible Party

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME

\_\_\_\_\_  
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) CITY / STATE / ZIP

\_\_\_\_\_  
DAYTIME PHONE NUMBER RELATIONSHIP TO DESIGNATED BENEFICIARY SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BIRTHDATE (MM/DD/YYYY) EMAIL ADDRESS

**The following 2 options will be added to your account. If you do not want these options, check the boxes below.**

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.  
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family as described in Article VI of the Coverdell Education Savings Account agreement.  
 The responsible party may not change the beneficiary.

### 3 Account Type

Please refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)  
For Tax Year \_\_\_\_\_
- Rollover Account – specify the type of rollover:
  - Account Holder’s CESA to Account Holder’s CESA
  - Qualifying Family Member’s CESA to Account Holder’s CESA
- Transfer Account – a direct transfer from current CESA custodian.

### 4 Investment Choices

- By check:** Make check payable to the Osterweis Funds.  
*Note: Generally, cashier’s checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.*
- By wire:** Call (866) 236-0050.

**Investment Amount**  
\$1,500 Minimum

- Osterweis Fund                      1038 \$ \_\_\_\_\_
- Osterweis Strategic Income Fund    1039 \$ \_\_\_\_\_
- Osterweis Strategic Investment Fund 1037 \$ \_\_\_\_\_

### 5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business days prior to initial transaction.  
Automatic Investment Plan (\$250 minimum) permits regularly scheduled automatic investment of funds.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

**Draw money for my AIP (check one):**  Monthly  Quarterly  
*If no option is selected, the frequency will default to monthly.*

- |  |      |                       |                 |               |
|--|------|-----------------------|-----------------|---------------|
| <input type="checkbox"/> Osterweis Fund                      | 1038 | AMOUNT PER INVESTMENT | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> Osterweis Strategic Income Fund     | 1039 | AMOUNT PER INVESTMENT | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> Osterweis Strategic Investment Fund | 1037 | AMOUNT PER INVESTMENT | AIP START MONTH | AIP START DAY |

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

## 6 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus, unless you specifically decline below. Internet transaction privileges are not available if you decline telephone privileges. Please see the prospectus for minimum and maximum amounts. To access your account online, after your account is established please visit [www.osterweis.com](http://www.osterweis.com) and click on the Mutual Funds Login.

\* You must provide bank instructions and a voided check in Section 7.

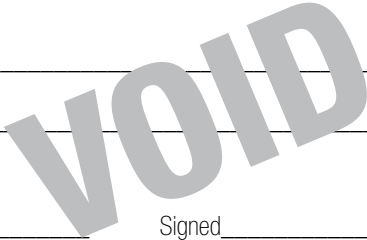

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

- I decline telephone redemption privileges. (If this option is selected you will not have internet transaction privileges.)
- I decline telephone purchase or exchange privileges. (If this option is selected you will not have internet transaction privileges.)
- I decline all internet transaction privileges.

## 7 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. **We are unable to debit or credit mutual fund or pass-through accounts.**

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
	
	

## 8 Beneficiary Information (If you need more space, please enclose a separate sheet of paper.)

### Primary

FULL NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Secondary

FULL NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<b>X</b>	
SIGNATURE OF SPOUSE	DATE

## 9 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Osterweis Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Osterweis Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Osterweis Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

✓ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

✓ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

✓ I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

✓ The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "The Osterweis Funds") will not be responsible for banking system delays beyond their control. By completing Sections 5, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Osterweis Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

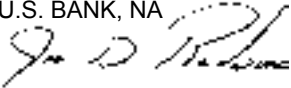
**X**

\_\_\_\_\_  
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

Appointment as Custodian accepted:

U.S. BANK, NA



## 11 Dealer Information (Optional)

\_\_\_\_\_  
DEALER NAME

\_\_\_\_\_  
REPRESENTATIVE'S LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
DEALER'S ID

\_\_\_\_\_  
BRANCH ID

\_\_\_\_\_  
REPRESENTATIVE'S ID

### DEALER HEAD OFFICE INFORMATION:

### REPRESENTATIVE BRANCH OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CODE

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

## Before you mail, have you completed the applicable sections below?

Completed all USA PATRIOT Act required information?

– Social Security or Tax ID Number in Section 1 & 2?

– Birth Date in Section 1 & 2?

– Full Name in Section 1 & 2?

– Permanent street address in Section 1 & 2?

Enclosed your check made payable to the Osterweis Funds?

Included a voided check, if applicable?

Signed your application in Section 12?

**For additional information please call toll-free (866) 236-0050 or visit us on the web at [www.osterweis.com](http://www.osterweis.com).**

## PRIVACY NOTICE

The Funds collect non-public information about you from the following sources:

- Information we receive about you on applications or other forms;
- Information you give us orally; and
- Information about your transactions with us or others.

The Funds do not disclose any non-public personal information about our customers or former customers without the customer's authorization, except as permitted by law or in response to inquiries from governmental authorities. The Funds may share information with affiliated parties and unaffiliated third parties with whom we have contracts for servicing the Funds. The Funds will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibility and require third parties to treat your non-public information with the same high degree of confidentiality. The Funds maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your non-public information with the same high degree of confidentiality.

In the event that you hold shares of a Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.