



COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM

SECTION 1: Responsible Individual

Responsible Individual's Name (Last, First, Middle Initial)

Responsible Individual's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address - If different from above (P.O. Boxes accepted)

() () Day Phone Evening Phone

E-mail Address

SECTION 2: Designated Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address- If different from above (P.O. Boxes accepted)

() () Day Phone Evening Phone

E-mail Address

SECTION 3: Current Custodian

To avoid delays please check with your current Custodian for the correct address and to find out if they require a signature guarantee. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - (P. O. Box or Street, City, State, Zip Code)

() () Day Phone Evening Phone

SECTION 4: Investment Instructions

Type of Request

- I am opening a new account(s) and have attached the required application(s) and document(s).
I already have an Transparent Value Funds Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number

Use the investment instruction below to identify the amounts for this deposit; otherwise the investment instructions on your original application will be used.

Table with 2 columns: Fund Name and Amount. Lists various investment funds such as Transparent Value Dow Jones RBP U.S. Large-Cap Aggressive Index Fund Class A, etc., with corresponding dollar amounts.

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to BOKF, NA dba Colorado State Bank and Trust as Custodian for the Transparent Value Funds Coverdell ESA.

For Certificates of Deposit, redeem: Immediately At Maturity Date

Investment #1 Liquidate Transfer in Kind

Fund Name (or Type of Investment to be transferred)

Account Number

Entire Account
 Partial Account \$ _____ or _____ %

Investment #2 Liquidate Transfer in Kind

Fund Name (or Type of Investment to be transferred)

Account Number

Entire Account
 Partial Account \$ _____ or _____ %

SECTION 6: Instructions to the Responsible Individual**Please Read Carefully**

This form will be used by the Transparent Value Funds to initiate a transfer of assets to your Coverdell ESA at the Transparent Value Funds. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) to:

Mailing Address

Transparent Value Funds
P.O. Box 46103
Denver, CO 80201

Overnight Address

Transparent Value Funds
1290 Broadway, Suite 1100
Denver, CO 80203

SECTION 7: Instructions to Resigning Custodian/Transfer

Please liquidate the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions to:

Mailing Address

Transparent Value Funds
P.O. Box 46103
Denver, CO 80201

Overnight Address

Transparent Value Funds
1290 Broadway, Suite 1100
Denver, CO 80203

SECTION 8: Signatures

I authorize the transfer of assets as noted above to my Transparent Value Funds Coverdell ESA and BOKF, NA dba Colorado State Bank and Trust to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual

Date (MM/DD/YY)

SECTION 9: Signature Guarantee

To protect yourself against fraud, your signature must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

Eligible guarantor's: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
Savings Associations
Trust Companies

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

SECTION 10: BOKF, NA dba Colorado State Bank and Trust

BOKF, NA dba Colorado State Bank and Trust accepts its appointment as Custodian of the referenced Coverdell ESA and has established a Coverdell ESA as indicated front of this form under Internal Revenue Code Section 530 for Coverdell ESAs under the shareholder's name in the Transparent Value Funds. The Transparent Value Funds and BOKF, NA dba Colorado State Bank and Trust, as Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by BOKF, NA dba Colorado State Bank and Trust, as Custodian for the Transparent Value Funds Coverdell ESAs.

BOKF, NA dba Colorado State Bank and Trust
Authorized Representative

Date (MM/DD/YY)

Please mail completed form to:**Mailing Address**

Transparent Value Funds
P.O. Box 46103
Denver, CO 80201

Overnight Address

Transparent Value Funds
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-888-727-6885 or visit www.transparentvalue.com.