

Coverdell Education Savings Account (CESA) Application



Please make checks payable to: **The Oberweis Funds.**
Please complete the application and mail in the postage paid envelope to:

The Oberweis Funds
P.O. Box 711
Milwaukee, WI 53201-0711

For further assistance in completing this application, please call 1-800-245-7311.

1. ACCOUNT REGISTRATION (Please print or type clearly)

(Applications will only be accepted if they contain a U.S. or Puerto Rico permanent street address. P.O. Boxes are not acceptable.)

CESA Depositor Information:

Name (First, Middle, Last)		Date of Birth
Social Security Number		
Address (Street Address Required)		
City, State, Zip Code		
()	()	()
Daytime Telephone	Evening Telephone	
	()	
E-mail Address	Fax Number	

Designated Beneficiary of the CESA

You hereby designate the following person to be the Designated Beneficiary of this account:

Name (First, Middle, Last)		Date of Birth
Social Security Number		
Address (Street Address Required)		
City, State, Zip Code		
()	()	()
Daytime Telephone	Evening Telephone	
	()	
E-mail Address	Fax Number	

Designation of the Responsible Individual for the CESA

You hereby designate the following person to be the Responsible Individual for this account (must be a parent or legal guardian):

Responsible Party's Name (First, Middle, Last)		Date of Birth
Social Security Number		
Address (Street Address Required)		
City, State, Zip Code		
()	()	()
Daytime Telephone	Evening Telephone	
	()	
E-mail Address	Fax Number	

2. AUTHORITY OF RESPONSIBLE INDIVIDUAL

Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No."

The Responsible Individual may change the Designated Beneficiary under this agreement to a member of the current Designated Beneficiary's family described in Section 529(e)(2) who is under 30 in accordance with The Oberweis Funds procedures. **Note:** *The Responsible Individual may only change the beneficiary while the current beneficiary is a minor or lacks legal capacity.*

Yes No

3. INVESTMENT INSTRUCTIONS

Minimum Initial Investment is \$500 (\$100 with an Automatic Investment Plan). The maximum investment is \$2,000 per year. Please indicate how you would like your contribution invested:

Regular Contribution: Tax year _____

If you are transferring your education savings account

Transfer of Assets:
The initial contribution to this account is a transfer of assets from a Coverdell ESA established for the benefit of the Designated Beneficiary named above. **You must also complete a CESA Transfer Form.**

Rollover: This contribution is a rollover Coverdell ESA that has been completed within 60 days of receipt of the funds.

Oberweis Micro-Cap Fund	\$ _____%
Oberweis Emerging Growth Fund	\$ _____%
Oberweis Small-Cap Opportunities Fund	\$ _____%
Oberweis China Opportunities Fund	\$ _____%
Oberweis International Opportunities Fund	\$ _____%
Oberweis Asia Opportunities Fund	\$ _____%
TOTAL INVESTMENT	\$ _____100%

4. TELEPHONE TRANSACTIONS

As an Oberweis Funds shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone. **You must have telephone transaction privileges in order to conduct Internet transactions (Section 5).**

You will automatically be granted telephone transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

I decline telephone transaction privileges. All requests to redeem shares from this account must be submitted in writing.

5. INTERNET TRANSACTIONS

You can conduct purchase, exchange and redemption transactions over the Internet through our website by enrolling for online transaction privileges at www.oberweisfunds.com. **Please note that you must have telephone privileges (Section 4) in order to conduct online transactions. In addition, you must have ACH instructions on your account (Section 7) in order to conduct online purchases and have redemption proceeds sent to you via ACH.**

You will have the ability to establish online transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add online transaction privileges in the future.**

I decline online transaction privileges.

6. AUTOMATIC INVESTMENT PLAN

Important Note: CESA contributions made through the Automatic Investment Plan will be credited as contributions for the year in which the shares are purchased.

This option allows you to make automatic monthly or quarterly investments (\$100 minimum per purchase) into your Oberweis Funds account(s) directly from your bank account.

You must also include the bank information in Section 7. If more than one automatic purchase is desired, please attach on a separate page.

Fund Name	\$ Amount (\$100 Minimum)
Begin Investments (month, year)	
*Choose one: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	*Choose one: <input type="checkbox"/> 5TH <input type="checkbox"/> 20TH

*If no time frame or date is specified, investments will be made monthly on the 20th or on the first business day after if it falls on a weekend or holiday. Your first automatic investment will occur no sooner than 15 days after receipt of this application.

7. BANK INFORMATION (voided check required)

Complete this section if you would like to add funds to your account electronically (wire or ACH) or have redemption proceeds sent to your bank electronically (wire or ACH).

Name of Bank
Address of Bank
City, State, Zip Code ()
Bank Phone Number
Name(s) on Bank Account
Bank Account Number
ABA Number (available from your bank)

This is a: **checking account** **savings account**
***(voided check required)**

*If information on voided check differs from information on this application, the information from the voided check will be used.

8. DESIGNATION OF THE SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacitation of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

Name (First, Middle, Last)	Date of Birth
Social Security Number	
Address (Street Address Required)	
City, State, Zip Code ()	
Daytime Telephone	Evening Telephone ()
E-mail Address	Fax Number

9. DESIGNATION OF THE INHERITING DESIGNATED BENEFICIARY FOR THE CESA

The Inheriting Designated Beneficiary's name and SSN/TIN are required for the Custodian to consider the inheriting beneficiary designation to be in good form. Inheriting designation beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form.

Name (First, Middle, Last)	Date of Birth
Social Security Number	
Address (Street Address Required)	
City, State, Zip Code ()	
Daytime Telephone	Evening Telephone ()
E-mail Address	Fax Number

10. ACKNOWLEDGMENT AND SIGNATURE

By signing this agreement, you hereby request that the Custodian establish a CESA for the Designated Beneficiary named herein. You certify that the Social Security Numbers and other information provided are correct. You as the Depositor and UMB Bank, n.a. as the Custodian agree to be bound by the terms, conditions, and provisions of The Oberweis Funds Coverdell Education Savings Account Disclosure Statement and Custodial Account Agreement ("the Agreement") that is currently in effect and as may be amended from time to time. You acknowledge that you have received and read the Agreement and Disclosure Statement relating to this account and that you have independently obtained the legal and tax advice you deem necessary. If you have elected to invest in The Oberweis Funds, you also agree that you have received and read the Prospectus for the investment(s) selected for this CESA. In addition, as Depositor you certify that: (1) all contributions that you make to this CESA meet the requirements of the Internal Revenue Code governing such contributions; (2) you understand and accept any applicable fees that are a part of this agreement; (3) the Taxpayer Identification Numbers shown on this form are correct; and (4) you will promptly provide instructions to the Custodian necessary to enable the Custodian to carry out its duties under this agreement.

Signature of Depositor	Date
Signature of Responsible Party (if different from Depositor)	Date
Signature of Custodian	Date

Go paperless! You can receive shareholder reports (prospectus, annual reports, and semi-annual reports) and statements electronically. To enroll for this service, please visit www.oberweisfunds.com.