

# Coverdell Education Savings Account (CESA) Transfer Form

Use this form when redeeming and transferring funds from an existing CESA or direct rollovers from qualified retirement plans to an Oberweis CESA Account. If you have any questions or need additional forms call 1-800-245-7311 or visit our website at [www.oberweisfunds.com](http://www.oberweisfunds.com) or send requests to Oberweis Funds, P.O. Box 711, Milwaukee, WI 53201-0711. Please print or type clearly. You must complete Sections 1 through 5 below and return this CESA transfer form along with your **CESA application** (if this is a new account) or Oberweis account number (if you are transferring funds to your existing Oberweis CESA Account).

Transfer coming from:

Name of Current Custodian (Bank, Mutual Fund, etc.) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Please return this form using the enclosed Business Reply Envelope or mail to:

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

Send overnight deliveries to:

The Oberweis Funds  
 803 W. Michigan St., Suite A  
 Milwaukee, WI 53233-2301

## 1. DESIGNATED BENEFICIARY OF CESA (Please print or type clearly)

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. DESIGNATED RESPONSIBLE INDIVIDUAL OF CESA

**Designation of the Responsible Individual for the CESA**  
 You hereby designate the following person to be the Responsible Individual for this account:

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 \_\_\_\_\_



Please complete the form and mail in the postage paid envelope to:

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

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

## 3. PLEASE TRANSFER MY CESA

Name of Current Trustee/Custodian (Bank, Mutual Fund, etc.) \_\_\_\_\_  
 ( )  
 Telephone Number \_\_\_\_\_  
 Account Number or Certificate of Deposit \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Dollar Amount or Number of Shares/or all Maturity Date (if applicable) (Approximate Value) \_\_\_\_\_  
 Transfer:  immediately  at maturity

**Penalties may be assessed by your current trustee/custodian for early withdrawal.**

**Please attach a copy of your current account statement(s).**

**Please check with your current trustee/custodian to determine if a Medallion signature guarantee is required to process this transfer. You will receive a confirmation when the transfer has been completed and your funds have been invested in The Oberweis Funds.**

### Mutual Fund IRA Transfer

In order to expedite your transfer, please provide the CUSIP/Symbol of your current mutual fund IRA investment. If you do not know the CUSIP/Symbol, please contact your current provider/Custodian.

CUSIP/SYMBOL \_\_\_\_\_  
 CUSIP/SYMBOL \_\_\_\_\_

## 4. YOUR FUND SELECTION(S) (Please check one)

Invest in my existing Oberweis Funds CESA:

Account Number \_\_\_\_\_ \$ \_\_\_\_\_ %  
 Amount or Percentage

Open a new Oberweis Funds account  
 (If amount is unknown, state percentage.)

	Amount or Percentage
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%**

**5. SIGNATURE (Exactly as registered)**

**To current trustee/custodian:**

Please consider this your authority to sell:

\$ \_\_\_\_\_ %  
Amount or Percentage

All Shares

of my assets in the account identified in Section 3 and prepare a check payable to **The Oberweis Funds FBO (shareholder name) CESA**. It is my intention to transfer these assets to a CESA account with the above named Fund(s) for which UMB Bank, n.a. acts as Custodian.

**I certify that I have received and read the Prospectus(es) for the Fund(s) into which I am transferring my CESA.**

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

Medallion Signature Guarantee (if required)\*

**\* Please check with your current trustee/custodian to determine if a Medallion signature guarantee is required to process this transfer.**

A Medallion signature guarantee may be obtained from any eligible guarantor institution. These institutions include U.S. banks, savings associations, credit unions and brokerage firms. **A notary public stamp or seal is not acceptable.**

**6. ACCEPTANCE**

**(This portion is to be completed by UMB Bank, n.a., Custodian for The Oberweis Funds.)**

Acceptance: Please be advised that UMB Bank, n.a., has been appointed to serve as successor Custodian of this CESA. Please send the check representing the liquidation of the investments indicated along with a copy of this form to identify the check as a transfer of assets to:

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

\_\_\_\_\_  
For use by resigning Custodian

\_\_\_\_\_  
Date

(If you prefer to wire funds directly, please call 1-800-245-7311 for further instructions.)

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](http://www.oberweisfunds.com).