

COVERDELL ESA APPLICATION



Use this COVERDELL ESA Application to open a COVERDELL ESA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-400-MIDAS (6432).

PART I: DEPOSITOR INFORMATION (Generally the person opening the ESA) (*DENOTES REQUIRED INFORMATION)

Depositor's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
Mailing Address (if different from above)	City	State Zip Code
Daytime Phone*	Evening Phone	

Note: Must be a U.S. citizen with a U.S. mailing address.

PART II: DESIGNATED BENEFICIARY INFORMATION (Generally the student)

Minor's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
Daytime Phone*	Evening Phone	

Note: Must be a U.S. citizen with a U.S. mailing address.

PART III: RESPONSIBLE INDIVIDUAL INFORMATION (Generally the Parent or Guardian)

Parent/Guardian's Name* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone* Evening Phone

Note: Must be a U.S. citizen with a U.S. mailing address.

Relationship to the Designated Beneficiary: Mother Father Guardian Other (specify) _____

PART IV: AUTHORITY OF RESPONSIBLE INDIVIDUAL

Option 1:

Yes No The Responsible Individual named above may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) in accordance with the Custodian's procedures.

Option 2:

Yes No The Responsible Individual shall continue to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

(If no boxes are checked in Option 1 or 2 above, the answer will be assumed to be "No.")

PART V: SUCCESSOR RESPONSIBLE INDIVIDUAL

If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the following individual will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

Successor's Name* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone* Evening Phone

PART V: SUCCESSOR RESPONSIBLE INDIVIDUAL-CONTINUED

Note: Must be a U.S. citizen with a U.S. mailing address.

Relationship to the Designated Beneficiary: Mother Father Guardian Other (specify) _____

PART VI: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular Contribution Amount: _____ Tax Year: _____

Direct Transfer Basis: _____ Earnings: _____

Rollover Basis: _____ Earnings: _____

Important: Contributions made to your ESA will be for the current tax year unless you specify prior year.

Note: The Fund's initial investment minimum is \$1,000 or if systematic investment plan of \$100 or more is established minimum will be waived.

PART VII: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. Midas Magic	NA	\$ _____ or _____ %
2. Midas Fund	NA	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA

The completion of this section is *OPTIONAL*.

Systematic Investment Program (SIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your ESA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Midas Funds to initiate investments into my mutual fund account according to the following frequency:

Annually Semi-Annually Quarterly Bi-Weekly Monthly Other (Check months below)

January February March April May June
 July August September October November December

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA-CONTINUED

Bank Account Information

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

Enter your checking or savings account information:

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____ _____ BANK NAME BANK ADDRESS MEMO _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ <input style="width: 50px;" type="text"/> _____ DOLLARS

PART IX: DEATH BENEFICIARY DESIGNATION

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive the Designated Beneficiary. If no Primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the Contingent beneficiaries who survive the Designated Beneficiary. This beneficiary designation may be changed or revoked by completing another beneficiary designation and providing it to the ESA Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member

Residence Address: _____

PART IX: DEATH BENEFICIARY DESIGNATION-CONTINUED

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Non-Family Member

Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART X: SPOUSAL CONSENT

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

X _____ Date: _____

Witness:

X _____ Date: _____

PART XI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART XII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Midas Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-400-MIDAS (6432).
- Other** _____

(Third party checks, money orders, counter checks, starter checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.)

PART XIII: ACKNOWLEDGEMENT

(Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian (Ultimus Asset Services, LLC) may rely on what I have provided. In addition, I have read and received copies of the *Coverdell ESA Application, IRS Form 5305-EA, Disclosure Statement* and applicable fee schedules. I agree to be bound to their terms and conditions. I understand that I am responsible for the Coverdell ESA transactions, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Coverdell ESA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Depositor Signature:

X _____ Date: _____

Responsible Individual's Signature (Complete if Depositor is NOT the Responsible Individual):

X _____ Date: _____

Signature of Coverdell ESA Custodian Representative:

X _____ Date: _____

PART XIV: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State Zip Code

Dealer Number Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

PART XV: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
Midas Funds
Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Midas Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

PRIVACY POLICY

FACTS	WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">▪ Social Security number <li style="display: inline-block; width: 45%;">▪ Account transactions <li style="display: inline-block; width: 45%;">▪ Account balances <li style="display: inline-block; width: 45%;">▪ Retirement assets <li style="display: inline-block; width: 45%;">▪ Transaction or loss history <li style="display: inline-block; width: 45%;">▪ Checking account information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Midas share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other nonaffiliated financial companies	No	We don't share
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – Information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To Limit Sharing	<ul style="list-style-type: none"> ▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or ▪ Mail the form below <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 1-800-400-MIDAS (6432) or go to www.midasfunds.com
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Mail-in Form		
<p>Leave Blank or [If you have a joint account, your choice will apply to everyone on your account unless you mark below.]</p> <p><input type="checkbox"/> Apply my choice only to me]</p>	<p>Mark if you want to limit:</p> <p><input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.</p>	
Name		<p>Mail to: Midas Funds 11 Hanover Square, 12th Floor New York, NY 10005</p>
Address		
City, State, Zip		
Account #		

Who we are

Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

What we do

How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*