



THE AMERICAN TRUST
Allegiance Fund

Coverdell Education Savings Account Application

Mail To: The American Trust Allegiance Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The American Trust Allegiance Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

For additional information please call toll-free **1 (800) 385-7003**.

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**. We must return your application if any of this information is missing.

1. Designated Beneficiary

(Account Holder)

FIRST NAME

M.I.

LAST NAME

PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY/STATE/ZIP

PHONE NUMBER

SOCIAL SECURITY #

BIRTHDATE (Mo/Dy/Yr)

2. Responsible Party

FIRST NAME

M.I.

LAST NAME

PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY/STATE/ZIP

DAYTIME PHONE NUMBER

RELATIONSHIP

SOCIAL SECURITY #

BIRTHDATE (Mo/Dy/Yr)

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 VI 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 described in Article VII of the Coverdell Education Savings Account Agreement.
- The responsible party may not change the beneficiary.

3. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA) (\$1,000 minimum)
For Tax Year 20 ____
- 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. Complete a Transfer Form.

4. Investment

- By check: Make check payable to The American Trust Allegiance Fund. \$ _____
- By wire: Call 1 (800) 385-7003. Indicate total amount of wire \$ _____

5. Automatic Investment Plan

Your signed Application must be received at least 15 business days prior to initial transaction.

Automatic Investment Plan – permits the automatic transfer of funds from a checking or savings account. (\$1,000 minimum initial investment)

Amount	Start Month	Day of Month
\$ _____ (\$100 minimum)	_____	_____

NAME(S) ON BANK ACCOUNT _____

BANK NAME _____

ACCOUNT NUMBER _____

BANK ADDRESS _____

BANK ROUTING/ABA# _____

SIGNATURE OF BANK ACCOUNT OWNER _____

SIGNATURE OF JOINT OWNER _____

Please include a voided bank check or savings deposit slip.

- **\$25.00 fee will be assessed if the automatic purchase cannot be made**
- **Participation in the plan will be terminated automatically upon redemption of all shares**
- **Automatic Investments will be reported as current year contributions**

6. Signature

I have read and understood the Disclosure Statement and Custodial Account Agreement. I adopt the The American Trust Allegiance Fund (the "Fund") 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 Fund. I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. 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 Fund within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

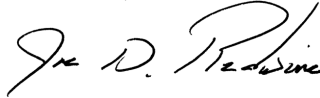
I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

The Fund, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "The American Trust Allegiance Fund"), will not be responsible for banking system delays beyond their control. By signing section 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund. The Fund will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP 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 personally by me. 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 a reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE _____

Appointment as custodian accepted:

U.S. BANK, National Association



7. Dealer Information

(Please be sure to complete representative's first name and middle initial.)

DEALER NAME _____

REPRESENTATIVE'S LAST NAME _____

FIRST NAME _____

MI _____

DEALER HEAD OFFICE _____

REPRESENTATIVE'S BRANCH OFFICE _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

REP'S A.E. NUMBER _____

Before you mail, have you:

Completed all Patriot Act required information?

Social Security or Tax ID Number in section 1 and 2?

Birth Date in section 1 and 2?

Full Name in section 1 and 2?

Permanent Street Address in section 1 and 2?

Enclosed your check made payable to The American Trust Allegiance Fund?

Included a voided check, if applicable?

Signed your application in section 6?