

This form is for transferring Coverdell ESA assets from an existing Custodian/Trustee to a Forward Funds Coverdell ESA with Colorado State Bank and Trust as the new ESA custodian. **Please use one form for each Coverdell ESA to be transferred.** *Please print.*

Insufficient information or incorrect forms will result in delays in processing your instructions. If you need assistance in completing this form or need additional forms, please contact our Customer Service Representatives at (800)-999-6809.

RESPONSIBLE INDIVIDUAL

Please provide the requested information about the Responsible Individual who controls the transferring account.

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Cell Y N Home Phone _____ Cell Y N
 Social Security # _____ Birthdate _____
 Email _____

DESIGNATED BENEFICIARY

Provide the requested information about the Designated Beneficiary of the transferring Coverdell ESA.

Is the Designated Beneficiary of the transferring account the same Designated Beneficiary of the Forward Funds Account? Y N
 If not, is it a family member of the Forward Funds Designated Beneficiary? Y N
 Is the person under 30? Y N
 Is it a Special Needs Beneficiary? Y N

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Cell Y N Home Phone _____ Cell Y N
 Social Security # _____ Birthdate _____
 Email _____

To current Custodian:

Please liquidate the Coverdell ESA of the Designated Beneficiary identified above per my instructions and transfer to the Forward Funds Coverdell ESA specified below. This transfer is not intended to be a distribution. I understand that you may assess fees or penalties for liquidation.

Signature of Responsible Individual _____ Date _____

TRANSFERRING ESA ACCOUNT INFORMATION

Name of Transferring ESA Custodian _____
 Contact Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Account # _____ Investment Name (name of fund) _____
 Liquidate: All Part \$ _____
 When: Immediately At maturity on _____

PAYMENT INSTRUCTIONS

BY FED-WIRE

State Street Bank & Trust Company
ABA #011000028
Boston, MA
Credit to ALPS Fund Services
E/B/O Forward Funds Account #00195933
Account Name: Forward
Designated Beneficiary's Name _____
Forward Funds Account # _____

BY CHECK

Payable to Forward Funds Coverdell ESA-Colorado State Bank and Trust, Custodian FBO:
Designated Beneficiary's Name _____
Forward Funds Account # _____
Please write "Coverdell ESA Transfer" or "Direct Rollover" on the check.

Mail to: Forward Funds
P.O. Box 1345
Denver, CO 80201-9925

Overnight: Forward Funds
c/o ALPS Fund Services, Inc.
1290 Broadway, Ste 1100
Denver, CO 80203

MEDALLION GUARANTEE

If required, signatures must be medallion guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange or the national Association of Securities Dealers, Inc., that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten guarantee that is accompanied by a raised corporate seal.

Signature _____ Date _____

Affix signature guarantee stamp below.

Medallion Signature Guarantee Stamp

ACCEPTANCE OF ACCOUNT

Colorado State Bank and Trust agrees to accept transfer of the above amount for deposit to the Forward Funds Coverdell ESA (Colorado State Bank as Custodian) for the Designated Beneficiary named in the payment instructions, and requests the liquidation and transfer of assets as indicated above.

ALPS Fund Services accepting as agent for Colorado State Bank and Trust, the Custodian, pursuant to a Power of Attorney.

Signed _____ Title _____

Forward Funds Account Number _____ Date _____