



Coverdell ESA Distribution Request

Regular Mail: GoodHaven Fund
c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

Overnight Delivery: GoodHaven Fund
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

Complete this form to request a distribution from your Coverdell Educational Savings Account (ESA). Consult your tax or financial adviser for information regarding distributions and taxation.

1 Account Information

<input type="text"/>	<input type="text" value="()"/>	
MUTUAL FUND FAMILY NAME	DAYTIME TELEPHONE NUMBER	
<input type="text"/>		
RESPONSIBLE INDIVIDUAL'S NAME (FIRST, MIDDLE, LAST)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
DESIGNATED BENEFICIARY'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SSN (LAST 4 DIGITS)

2 Distribution Reason

Select the appropriate reason:

- ☐ Qualified educational expenses
- ☐ Non-qualified distribution
I understand that I may be responsible for paying a 10% excise tax in addition to normal income tax for a non-qualified distribution.
- ☐ Death of designated beneficiary (Additional documentation may be required.)
- ☐ Return of excess contribution
Indicate tax year excess contribution was made _____
- ☐ Other _____

3 Distribution Information | Select One

- ☐ Full Account Distribution
- ☐ Partial Account Distribution

Account Number	Dollar Amount		Number of Shares		Full Fund Distribution
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text"/>	or	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text"/>	or	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text"/>	or	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text"/>	or	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text"/>	or	<input type="checkbox"/>

Note: Shares recently purchased by check may not be available for redemption for up to 15 days following the purchase date to assure that the Funds have received payment for the purchase. A distribution fee will be taken from the account.

4 Payment Instructions

- ☐ Please send a check to the address of record on my account.
- ☐ Wire Redemption. A signature guarantee may be required if banking instructions have not previously been established. A wire fee may apply. Please attach a voided check.
- ☐ Electronic Funds Transfer. (No fee applies) A signature guarantee is required if banking instructions have not previously been established. Please attach a voided check, if establishing new bank instructions.
- ☐ Alternative payee and/or address other than address of record. A signature guarantee is required. Please use the space below for necessary information.

Make check payable to:

NAME

ADDRESS

CITY / STATE / ZIP

5 Signature & Certification

I certify that all information in this Distribution Request is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE SIGNED

AUTHORIZED SIGNATURE GUARANTEE

(The transfer agent will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions.)

*A notary public cannot provide a signature guarantee