



Plumb Funds

# Coverdell Education Savings Account Application

Mail to: The Plumb Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Plumb Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

» 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. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

## 1 Designated Beneficiary | Account Holder

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

## 2 Responsible Party

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	
BIRTHDATE (MM/DD/YYYY)	EMAIL ADDRESS	

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 V 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 VI 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)  
For Tax Year \_\_\_\_\_
- 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.

### 4 Successor Trustee (optional)

### Duplicate Statement (optional)

In the event of death of the responsible party, a successor trustee would become the new responsible party.

Complete only if you wish someone other than the account's responsible party to receive duplicate statements.

NAME

DATE OF BIRTH

SOCIAL SECURITY # (REQUIRED)

NAME

ADDRESS

CITY / STATE / ZIP

### 5 Investment Choices

- By check:** Make check payable to The Plumb Funds.

*Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.*

- By wire:** Call 866-987-7888.

*Note: A completed application is required in advance of a wire.*

#### Investment Amount

- Plumb Balanced Fund      2020      \$   
Min. Investment \$1,000

- Plumb Equity Fund      2021      \$   
Min. Investment \$1,000

- First American Retail Prime Obligations  
Money Market Fund Class A (FVXX) 2022      \$   
Min. Investment \$1,000

## 6 Automatic Investment Plan (AIP)

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

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP:**  Monthly

<input type="checkbox"/> Plumb Balanced Fund Min. Investment \$50	2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Plumb Equity Fund Min. Investment \$50	2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> First American Retail Prime Obligations Money Market Fund Class A (FVXX) 2022 Min. Investment \$100		<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease on the day the beneficiary (minor) reaches the age of 18.

## 7 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases\* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

\* You must provide bank instructions and a voided check in Section 8.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

**I decline telephone and/or internet transaction privileges.**

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

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

## 8 Voided Check for Bank Information

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
⑆ 1 2345 ⑆ 6 78 ⑆	⑆ 1 2345 ⑆ 6 78 ⑆ 56 78 ⑆

## 9 Beneficiary Information (Due To Death of Account Holder)

If you need more space, please enclose a separate sheet of paper.

### Primary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

### Secondary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

## 10 Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt The Plumb Funds 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 Plumb Funds (the "Funds") and if applicable, the Class A shares of the First American Retail Prime Obligations Fund. I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. 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 Funds to revoke my consent. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify The Plumb Funds within such time period. I certify that I as the Responsible Party am of legal age and have the legal capacity to make this purchase.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the First American Funds, Inc., with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

Your mutual fund may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

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 Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "The Plumb Funds" and "Class A shares of Retail Prime Obligations Fund") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. "The Funds" will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase 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 by me personally. 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

<b>X</b>	<input type="text"/>
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE	DATE (MM/DD/YYYY)

Appointment as Custodian accepted:  
U.S. BANK, NA

*Joseph Neuberger*

## 11 Dealer Information

<input type="text"/> <i>DEALER NAME</i>		<input type="text"/> <i>REPRESENTATIVE'S CODE</i>	<input type="text"/> <i>REPRESENTATIVE'S NAME</i>
<input type="text"/> <i>DEALER'S ID</i>	<input type="text"/> <i>BRANCH ID</i>		
<b>DEALER HEAD OFFICE INFORMATION:</b>		<b>REPRESENTATIVE BRANCH OFFICE INFORMATION:</b>	
<input type="text"/> <i>ADDRESS</i>		<input type="text"/> <i>ADDRESS</i>	<input type="text"/> <i>CODE</i>
<input type="text"/> <i>CITY / STATE / ZIP</i>		<input type="text"/> <i>CITY / STATE / ZIP</i>	
<input type="text"/> <i>TELEPHONE NUMBER</i>		<input type="text"/> <i>TELEPHONE NUMBER</i>	

### ! Before you mail, have you:

- |   |  |
|---|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none"><li>- Social Security or Tax ID Number in Section 1 &amp; 2?</li><li>- Birth Date in Section 1 &amp; 2?</li><li>- Full Name in Section 1 &amp; 2?</li><li>- Permanent street address in Section 1 &amp; 2?</li></ul> | <input type="checkbox"/> Enclosed your check made payable to The Plumb Funds? <ul style="list-style-type: none"><li><input type="checkbox"/> Included a voided check, if applicable?</li><li><input type="checkbox"/> Signed your application in Section 10?</li></ul> |
|---|--|

**For additional information please call toll-free 866-987-7888 or visit us on the web at [www.plumbfunds.com](http://www.plumbfunds.com).**