

**COVERDELL EDUCATION SAVINGS ACCOUNT**  
**Ridge Clearing Custodial ESA Account Agreement**



ACCOUNT NUMBER

**1. ESA Designated Beneficiary**  
(Student/ Child)

Please print. All information must be completed in order for your account to be processed.

FULL NAME OF BENEFICIARY (First/ Middle/ Last)

SOCIAL SECURITY NUMBER      DATE OF BIRTH

HOME ADDRESS (P.O. Box is not sufficient)

CITY/ STATE/ ZIP CODE      HOME TELEPHONE NUMBER      EMAIL ADDRESS

**2. Depositor**

FULL NAME

ADDRESS      SOCIAL SECURITY NUMBER

CITY/ STATE/ ZIP CODE      TELEPHONE NUMBER      EMAIL ADDRESS

BUSINESS ADDRESS

CITY/ STATE/ ZIP CODE      BUSINESS TELEPHONE NUMBER

PLEASE INDICATE THE ADDRESS TO WHICH ALL MAIL SHOULD BE SENT  
 Home     Business     P.O. Box

P.O. BOX/ CITY/ STATE/ ZIP CODE

NAME OF YOUR BANK      BANK ACCOUNT NUMBER

COUNTRY OF CITIZENSHIP      COUNTRY OF LEGAL RESIDENCE

OCCUPATION      EMPLOYER

IF YOU ARE AFFILIATED WITH OR WORK FOR A SECURITIES FIRM, PLEASE SPECIFY COMPANY.

IF YOU ARE A DIRECTOR, 10% SHAREHOLDER OR POLICY-MAKING OFFICER OF A PUBLICLY TRADED COMPANY, PLEASE SPECIFY THE COMPANY.

HAVE YOU GRANTED TRADING AUTHORIZATION TO ANOTHER PARTY?    IF YES, REQUEST TRADING AUTHORIZATION FORM AND PROVIDE NAME OF AGENT  
 Yes     No

If you do not want your name, address and security position released to requesting companies in which you hold securities, please check here.

| 3. Investment Profile | INVESTMENT OBJECTIVE                               | INVESTMENT EXPERIENCE                   | ANNUAL INCOME                                       | LIQUID NET WORTH                                     | ESTIMATED NET WORTH                                  | RISK TOLERANCE                  |
|-----------------------|--|---|---|--|--|---------------------------------|
|                       | <input type="checkbox"/> Capital Preservation (05) | <input type="checkbox"/> None (00)      | (from all sources)                                  | (cash & liquid investments only)                     | (excluding residence)                                | <input type="checkbox"/> Low    |
|                       | <input type="checkbox"/> Income (04)               | <input type="checkbox"/> Limited (01)   | <input type="checkbox"/> Under \$25,000 (01)        | <input type="checkbox"/> Under \$50,000 (01)         | <input type="checkbox"/> Under \$50,000 (01)         | <input type="checkbox"/> Medium |
|                       | <input type="checkbox"/> Growth (03)               | <input type="checkbox"/> Good (02)      | <input type="checkbox"/> \$25,000 to \$50,000 (02)  | <input type="checkbox"/> \$50,000 to \$100,000 (02)  | <input type="checkbox"/> \$50,000 to \$100,000 (02)  | <input type="checkbox"/> High   |
|                       | <input type="checkbox"/> Speculation (06)          | <input type="checkbox"/> Extensive (03) | <input type="checkbox"/> \$50,000 to \$100,000 (03) | <input type="checkbox"/> \$100,000 to \$500,000 (03) | <input type="checkbox"/> \$100,000 to \$500,000 (03) |                                 |
|                       | <input type="checkbox"/> Other (08)                |   | <input type="checkbox"/> Over \$100,000 (04)        | <input type="checkbox"/> Over \$500,000 (04)         | <input type="checkbox"/> Over \$500,000 (04)         |                                 |
|                       | TAX BRACKET %                                      |   |   |  |  |                                 |

**4. Contribution Type**

(Check One)  
 Regular     Transfer     Rollover

**5. Depositor Authorization**

I understand that I have the right to direct the initial investment of contributions to the Education IRA and hereby appoint the following brokerage firm as my agent to execute my directions, as Broker under the terms of the Custodial Agreement.

BROKERAGE FIRM

ACCOUNT NUMBER

|  |   |                            |                             |  |
|--|---|----------------------------|-----------------------------|--|
| <b>6. Responsible Individual</b>           | <b>A Responsible Individual must be designated below and must be a parent or legal guardian of Designated Beneficiary</b>   |                            |                             |  |
|  | FULL NAME OF RESPONSIBLE INDIVIDUAL ( <i>First/ Middle/ Last</i> )  |                            |                             |  |
|  | SOCIAL SECURITY NUMBER  |                            | DATE OF BIRTH               |  |
|  | HOME ADDRESS ( <i>P.O. Box is not sufficient</i> )  |                            |                             |  |
|  | CITY/ STATE/ ZIP CODE   |                            | TELEPHONE NUMBER            | EMAIL ADDRESS  |
|  | <p><i>Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No".</i></p> <p><input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    The Responsible Individual 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.</p> <p><input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    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.</p> <p>I understand that I have the power to redirect the investment of contributions to the Education Savings Account and hereby appoint the following brokerage firm as my agent to execute my directions, as Broker under the terms of the Custodial Agreement.</p> |                            |                             |  |
| BROKERAGE FIRM                             |   |                            |                             |  |
| ACCOUNT NUMBER                             |   |                            |                             |  |
| <b>7. Successor Responsible Individual</b> | In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's remaining parent or successor guardian   |                            |                             |  |
|  | FULL NAME   |                            | RELATIONSHIP                | SOCIAL SECURITY NUMBER   |
|  | ADDRESS   |                            | TELEPHONE NUMBER            | EMAIL ADDRESS  |
| <b>8. Signature Section</b>                | <b>Please read the following ESA Account Terms and sign where indicated.</b>  |                            |                             |  |
|  | 1. I acknowledge, by signing this agreement, that I have received, read, understand and agree to the terms and conditions as described in the Ridge Clearing & Outsourcing Solutions, Inc. "Disclosure Statement" and "Custodial Agreement".<br>I understand the eligibility requirements for the type of deposit I am making and state that I do qualify to make the deposit.  |                            |                             |  |
|  | <b>2. I further acknowledge that I have received, read and understand the pre-dispute arbitration clause located in the Custodial Agreement, Article 10.12, and agree to resolve any disputes arising out of my Education Savings Account by arbitration.</b>   |                            |                             |  |
|  | 3. I certify that, under penalty of perjury, my Social Security number on this application is correct.  |                            |                             |  |
|  | 4. I assume complete responsibility for the following:  |                            |                             |  |
|  | a.) Determining that I am eligible to contribute to an Education Savings Account each year I make a contribution.   |                            |                             |  |
|  | b.) Insuring that all contributions I make are within the limits set forth by the tax laws.   |                            |                             |  |
|  | c.) Certify that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual.  |                            |                             |  |
|  | d.) Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on this Application as the Responsible Individual.  |                            |                             |  |
|  | 5. I have read and understand the Investment Objective Definitions: <b>Capital Preservation</b> - a conservative investment strategy characterized by a desire to avoid risk of loss; <b>Income</b> - strategy focused on current income rather than capital appreciation; <b>Growth</b> - investing in stocks with strong earnings and/or revenue growth or potential; <b>Speculation</b> - taking larger risks, usually by frequent trading, with hope of higher than-average gain. All strategies involve various types and levels of risk, the most common of which are market, credit, inflation, business and interest rate.  |                            |                             |  |
| ESA DEPOSITOR                              |   |                            | DATE                        |  |
| ESA RESPONSIBLE INDIVIDUAL                 |   |                            | DATE                        |  |
| BRANCH APPROVAL                            |   |                            | DATE                        |  |
| <b>For Office Use Only</b>                 | FIRST TRADE   | DATE OPENED                | INTRODUCING BROKER / DEALER | CUSTOMER ID VERIFIED<br>( <i>Must be Completed</i> )<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | ACCOUNT NO.   | INTRODUCING REP. SIGNATURE |                             | APPROVED BY  |