

Coverdell Education Savings Account Transfer Form

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

OVERNIGHT MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

! Please use this form to transfer assets from an existing Education Savings Account to a Monetta Funds Education Savings Account. If you are opening a new Education Savings Account for this transfer, please complete an Education Savings Account Application. Once completed, mail this application to the address above

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURE(S) AND BE SURE TO SIGN SECTION 5 OF THIS FORM.

1 NAME, ADDRESS AND CONSENT OF PERSON WHO CONTROLS THE CURRENT ACCOUNT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARENT/ GUARDIAN FIRST NAME	M.I.	LAST NAME.	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	MAILING ADDRESS	CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian*			
*If "guardian", submit proof of guardianship.			

2 NAME OF STUDENT (For whom the education savings account is benefiting)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME OF STUDENT	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	MAILING ADDRESS	CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	

3 INSTRUCTION TO CURRENT EDUCATION SAVINGS ACCOUNT CUSTODIAN OR TRUSTEE

<input type="text"/>	<input type="text"/>
CURRENT ACCOUNT NUMBER	NAME OF CUSTODIAN / TRUSTEE
<input type="text"/>	<input type="text"/>
MAILING ADDRESS	CITY / STATE / ZIP
Please transfer assets from the above account to U.S. Bank, NA. Transfer should be in cash according to the following instructions:	
<input type="checkbox"/> Transfer the total amount in this Account.	
<input type="checkbox"/> Transfer \$ _____ or _____ shares and retain the balance.	
Make check payable to Monetta Funds FBO	<input type="text"/>
	BENEFITING STUDENT'S NAME

4 FUND SELECTION

Please indicate the amount to be invested in each fund

Check one box and complete the necessary information:

- Invest the transferred amount in accordance with the investment instructions currently in effect for the Student's Monetta Fund Education Savings Account.

If such an Account is already open, please provide the account number:

- Invest the transferred amount to my Education Savings Account as follows:

- MONETTA FUND, (9)\$

- MONETTA YOUNG INVESTOR FUND, (17)\$

Total All Funds\$

The undersigned acknowledges having sole responsibility for the foregoing investment choices and having received a current prospectus for each Fund selected. Please read the prospectus(es) for the Monetta Fund selected, including the privacy notice. The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all requirements and for the tax results of any such transfer.

5 SIGNATURE OF STUDENT, PARENT OR GUARDIAN

X

SIGNATURE OF STUDENT / PARENT / GUARDIAN (PLEASE CIRCLE ONE)

DATE (MM/DD/YYYY)

SPECIAL NOTE: If Student is a minor under the law of Student's state of residence, the parent or guardian must execute this Education Savings Account Transfer of Assets Form.

SIGNATURE GUARANTEE (only if required by current custodian or trustee) A signature guarantee may be obtained from a bank, a member of a national securities exchange, savings and loan associations, credit union, broker, or other acceptable financial institutions. Please note that a Notary Public stamp or seal is unacceptable.

✓ **Under penalty of perjury, I certify that:**

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from FATCA reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.

SIGNATURE GUARANTEE STAMP

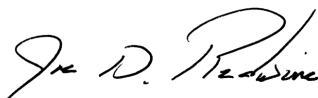
DATE: (MM/DD/YYYY)

6 ACCEPTANCE BY NEW CUSTODIAN

To be completed by U.S. Bank, NA.

U.S. Bank, NA. agrees to accept transfer of the above amount for deposit to the Student's U.S. Bank, NA. Coverdell Education Savings Custodial Account, and requests the liquidation and transfer of assets as indicated above.

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



For additional information please call toll-free 1-800-241-9772