



Coverdell Education Savings Account Transfer Form

Mail to: Mar Vista Strategic Growth Fund
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Mar Vista Strategic Growth Fund
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

! Please use this form to transfer assets from an existing Education Savings Account to a Mar Vista Strategic Growth Fund 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 IN THE SIGNATURE SECTION 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"/>	
EMAIL ADDRESS	DAYTIME PHONE NUMBER		EVENING PHONE NUMBER

Mother Father 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"/>	
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:

- Transfer the total amount in this Account.
- Transfer \$_____ or _____ shares and retain the balance.

Make check payable to: Mar Vista Strategic Growth Fund FBO

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 Mar Vista Strategic Growth 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:

Investment Amount

- Mar Vista Strategic Growth Institutional Shares 5795

\$25,000 Minimum Initial Investment

\$

- Mar Vista Strategic Growth Investor Shares 5796

\$1,000 Minimum Initial Investment

\$

- Mar Vista Strategic Growth Retirement Shares 5797

No Minimum Initial Investment

\$

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 Mar Vista Strategic Growth 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

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.

SIGNATURE GUARANTEED BY:

NAME OF BANK OR DEALER FIRM

SIGNATURE OF OFFICER AND TITLE

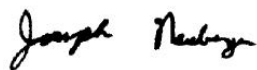
6 Acceptance by New Custodian

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 (855) 870-3188 or visit us on the web at marvistainvestments.com.