

2. Choose Your Type of Payment for Investment (if applicable)

- By Check (I have enclosed a check made payable to Eventide Gilead Fund. Third party checks, money orders and credit card checks will not be accepted.)
- By Wire (Please call 1-877-453-7877 to receive instructions from a shareholder representative.)

3. Fund Selections and Initial Investment

Enclose one check for the total amount of your investment. Maximum contributions to Coverdell ESA's made on behalf of a Designated Beneficiary is \$2,000 per year excluding rollover and transfer contributions.

EventideGilead Fund

Contribution Amount \$ _____ Contribution for Tax Year: _____

4. Account Service Options

Duplicate Statements and Confirmations

You may elect to have statements and/or confirmations sent to other interested parties.

Please send duplicate statements and/or confirmations to:

_____	_____	_____	_____
Name	Company		
_____	_____	_____	_____
Address	City	State	Zip Code

5. Electronic Funds Transfer

By attaching a voided check and signing Step 6 on the next page, I authorize credits/debits to/from this bank account in conjunction with the account service options selected. I understand for selected options involving wire transactions, my bank may charge me wire fees. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund and its agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

Checking Account Information

Bank Name _____ Name of Account _____
Account Number _____ ABA Routing Number _____

ATTACH YOUR VOIDED CHECK HERE. We cannot establish these services without it.

6. Signatures

Important: Please read before signing. The signature of the Responsible Individual should be obtained if someone other than the Depositor will be the Responsible Individual.

I understand the eligibility requirements for the type of ESA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-EA Plan Agreement and Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the 5305-EA Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Depository, as agent for the Custodian.

I assume complete responsibility for:

- 1 Determining that I am eligible to contribute to an ESA each year I make a contribution.
- 2 Insuring that all contributions I make are within the limits set forth by the tax laws.
- 3 Certifying 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.
- 4 Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on this Application as the Responsible Individual.

X _____

ESA Depositor

Date

X _____

ESA Responsible Individual

Date

Appointment of Custodian Accepted:
Huntington National Bank
Matrix Capital Group, Inc., Agent



Authorized Signature

7. Beneficiary Selection (Optional)

In the event of the child's (ESA designated beneficiary) death, pay the ESA balance to the following primary beneficiary(ies). If the child survives the primary beneficiaries, pay the ESA balance to the following contingent beneficiary(ies). If any of the listed beneficiaries dies before the child (ESA designated beneficiary), this portion of the account will be reallocated amongst the surviving beneficiaries on a pro rata basis. The ESA balance will go to the estate of the designated beneficiary if all listed beneficiaries (primary and contingent) predecease him or her.

Name & Address	Date of Birth	Social Security Number or TIN	Relationship	Primary & Contingent	Share%
1.					
2.					
3.					
4.					

2. Instructions

Directly transfer all or part of the ESA identified above in the following manner.

Please make a check payable as follows:

Eventide Gilead Fund FBO: _____ **ESA**

Mail a copy of this completed form along with the check to:

Eventide Gilead Fund
c/o Matrix Capital Group, Inc.
630-A Fitzwatertown Road, 2nd Floor
Willow Grove, PA 19090-1904

3. Accepting ESA Custodian Investment Information

- This is a new ESA. My ESA Application is attached.
- I have an existing ESA. My account number is _____.

Please choose a percentage 100% or specific dollar amount for your Eventide Gilead Fund investment and invest the proceeds of this transfer as follows:

Eventide Gilead Fund _____ % or \$ _____
....

4. Asset Liquidation Instructions

Asset Description	Quantity	Quantity to Transfer	Liquidate	Transfer in Kind
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Signature of Responsible Individual

I certify that I am the proper party to authorize the transfer of the Coverdell Education Savings Account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

I understand that I am responsible for determining that this ESA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this transfer are my own. I expressly assume responsibility from any adverse consequences which may arise from this transfer and I agree that the Trustee or Custodian shall in no way be held responsible.

X _____

Responsible Individual's Signature

Date

Signature Guarantee (if required by current custodian)

Date

6. Accepting IRA Custodian

The ESA designated by the above-named individual is a valid ESA. The Custodian, as identified in the Education Savings Account Application, hereby agrees to serve as the Custodian for the account of the above-named individual, and in that capacity, agrees to accept the transfer of the assets listed above.

Appointment of Custodian Accepted:
Huntington National Bank
Matrix Capital Group, Inc. Agent



Authorized Signature _____

Date

7. ESA Inquiries

For inquiries, please continue to contact the Matrix Capital Group at the address or phone number listed on the ESA Account Application.

