Coverdell Education Savings Account Application

CAPITAL ADVISORS

Mail to: Capital Advisors
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Capital Advisors
c/o U.S. Bank Global Fund Services
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

FIRST NAME | M.I. | LAST NAME

PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) | CITY / STATE / ZIP

SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY)

❑ Check if minor should receive statements.

2 Responsible Party

FIRST NAME | M.I. | LAST NAME

PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) | CITY / STATE / ZIP

DAYTIME PHONE NUMBER | RELATIONSHIP TO DESIGNATED BENEFICIARY | SOCIAL SECURITY NUMBER

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 Investment Choices

❑ **By check:** Make check payable to Capital Advisors.
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 1-866-205-0523.
Note: A completed application is required in advance of a wire.

		Investment Amount
❑ Capital Advisors Growth Fund *$500 Minimum*	1169	$

5 Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 business 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 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP Monthly

$100 minimum

❑ Capital Advisors Growth Fund	1169			
		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.

6 Telephone and Internet Options

You have the ability to make telephone purchases* or redemptions* per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

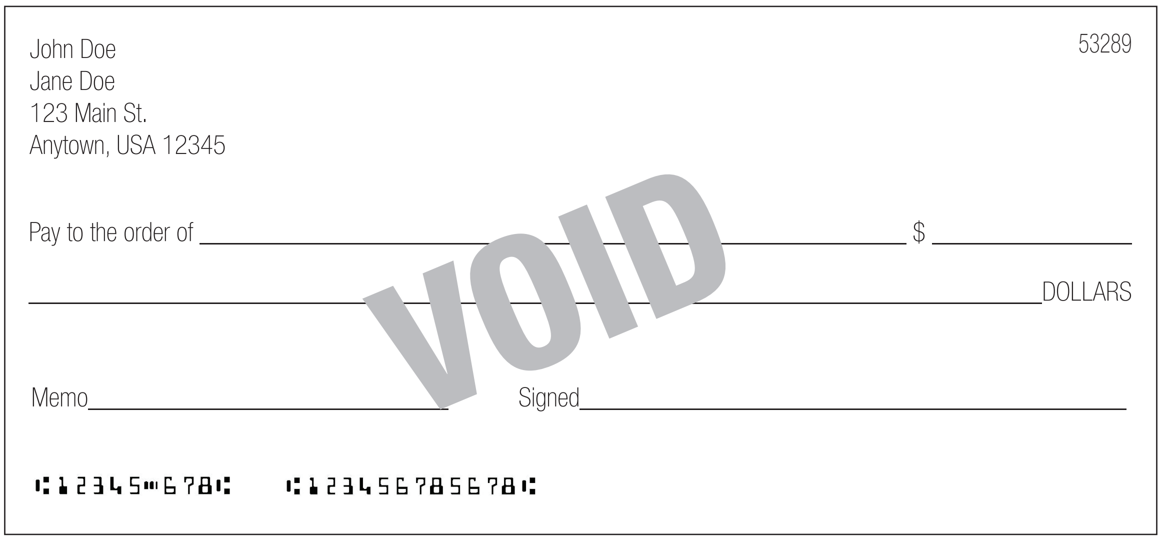
** You must provide bank instructions and a voided check or savings deposit slip in Section 7.*

❑ **I accept telephone transaction privileges.**

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.

7 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).



8 Beneficiary Information (Due To Death of Account Holder)

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

Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

9 Signature

✔ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Capital Advisors 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 understand the prospectus for the Capital Advisors (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by 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 regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund 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.

✔ 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.

✔ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✔ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions 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 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 not honored 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE — DATE (MM/DD/YYYY)

Appointment as Custodian accepted:
U.S. BANK, N.A.

Joseph Neuberger

10 Dealer Information

DEALER NAME — REPRESENTATIVE'S LAST NAME — FIRST NAME — M.I.

DEALER'S ID — BRANCH ID — REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS — CODE

CITY / STATE / ZIP

TELEPHONE NUMBER

! Before you mail, have you:

- ❑ Completed all USA PATRIOT Act required information?
  - – Social Security or Tax ID Number in Section 1 & 2?
  - – Birth Date in Section 1 & 2?
  - – Full Name in Section 1 & 2?
  - – Permanent street address in Section 1 & 2?
- ❑ Enclosed your check made payable to Capital Advisors?
- ❑ Included a voided check or savings deposit slip, if applicable?
- ❑ Signed your application in Section 9?

For additional information please call toll-free 1-866-205-0523 or visit us on the web at www.capitaladv.com.