THE HENSSLER EQUITY FUND
Lighting the Way

Education Savings Account Application

For assistance, please call 1-800-936-FUND (3863). **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity. Applications without such information may not be accepted. Henssler Funds reserves the right to place limits on the transactions in your account until your identity is verified.

Depositor/Contributor Information

Name:____________________ Account Number:____________________

Address:____________________ City:__________ State:______ Zip Code:______
(No P.O. Boxes)
Social Security Number:____________________ Birth Date:____________________

Home Phone Number:__________ Business Phone Number:__________ E-Mail Address:__________

Designated Beneficiary Information

Name:____________________ Account Number:____________________

Address:____________________ City:__________ State:______ Zip Code:______
(No P.O. Boxes)
Social Security Number:____________________ Birth Date:____________________

Home Phone Number:__________ Business Phone Number:__________ E-Mail Address:__________

Account Information

Initial Contribution $__________ Date:__________ Custodian: **Fifth Third Bank**

- ☐ Regular contribution for tax year:__________
- ☐ Rollover from another Education IRA:
- ☐ Transfer from another Education IRA. Transfer received from:____________________

Responsible Individual Information

Name:____________________ Account Number:____________________

Address:____________________ City:__________ State:______ Zip Code:______
(No P.O. Boxes)
Social Security Number:__________ Home Phone Number__________ Business Phone Number__________

The Responsible Individual ☐ shall ☐ shall not continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 6.02 of the Custodial Agreement.

The Responsible Individual ☐ shall ☐ shall not change the beneficiary designated under this Custodial Agreement pursuant to section 7.01 of the Custodial Agreement.

Note: The Responsible Individual may be the Grantor, but generally must be a parent or legal guardian of the Designated Beneficiary.

Signatures

Under penalties of perjury, I certify that the above information (including my social security number and the Designated Beneficiary's and Responsible Individual's social security number) is correct. I hereby agree to the terms in the Education Savings Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Education Savings Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Education Savings Account. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects to treat this contribution as a rollover contribution. If the Responsible Individual Information is completed above, I appoint the above-named person as Responsible Individual with rights, powers, and responsibilities set out in the Education Savings Account Agreement.

Witness:__________ Depositor Signature:____________________ Date:__________

Attest:__________ Authorized Signature of Custodian:____________________ Date:__________