New Covenant Funds
Attn: Shareholder Services
P.O. Box 701
Milwaukee, WI 53201-0701
For assistance, please call Client Services at 877-835-4531.

Coverdell Education Savings Account Rollover Certification Form

Use this form to certify a rollover distribution from a current Coverdell Education Savings Account to a new covenant Funds Coverdell Education Savings Account. You must complete the rollover within 60 calendar days of your receipt of that distribution.

Responsible Individual

First | Middle | Last Name | Social Security Number

Street (P.O. Box only is not sufficient) | City | State | Zip Code | Telephone Number

Designated Beneficiary of Coverdell Education Savings Account

First | Middle | Last Name | Social Security Number

Street (P.O. Box only is not sufficient) | City | State | Zip Code | Date of Birth

Rollover Contribution to

- ❒ New Covenant Growth Fund _____ Existing acct # (or attach new application) $ _____ or % _____
- ❒ New Covenant Income Fund _____ Existing acct # (or attach new application) $ _____ or % _____
- ❒ New Covenant Balanced Growth Fund _____ Existing acct # (or attach new application) $ _____ or % _____
- ❒ New Covenant Balanced Income Fund _____ Existing acct # (or attach new application) $ _____ or % _____
- ❒ New Covenant Money Market Fund _____ Existing acct # (or attach new application) $ _____ or % _____

I, as the Responsible Individual for the above account, certify that the contribution described above is an eligible Coverdell Education Savings Account rollover contribution and that I am rolling over this contribution within 60 calendar days of receipt of that distribution. I understand that this rollover is irrevocable and involves important tax considerations.

I agree that I am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the account custodian, New Covenant Funds, nor any agent of either of them have any responsibility for any tax consequences.

I have read, understand, and agree to be legally bound by the terms of this form. I also understand that the account custodian will rely on this form when accepting this rollover contribution. I understand that this rollover is irrevocable and may not be reversed in the future. I also understand that I am responsible for the movement of the rollover to the successor Coverdell Education Savings Account, and that neither New Covenant Funds, U.S. Bankcorp Fund Services, U.S. Bank, nor their agents, have any duty to enforce the collection of any assets to be rolled over to the above New Covenant Funds Coverdell Education Savings Account

Responsible Individual's Signature | Date