

# Coverdell Education Savings Custodial Account Adoption Agreement



Do not use this form to open a Traditional, Roth, SEP-IRA or SIMPLE-IRA account. A Coverdell Education Savings Account is a federally sponsored, tax advantaged custodial account set up to pay for qualified education expenses. Coverdell ESAs can be opened for any student who is under the age of 18 years. **NOTE:** If you are transferring an existing Coverdell ESA to us, please fill out a Coverdell ESA Transfer of Assets Form as well. **For information and to request forms, call:** 1-800-442-3814, Monday – Friday, 9:00AM – 5:00PM, ET or visit [www.BaronFunds.com](http://www.BaronFunds.com). **See section 10 for mailing and wiring instructions.**

## IMPORTANT INFORMATION 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 and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account. Any documents that we request (i.e., driver's license) will be used solely to attempt to establish your identity. **Please make sure to provide all the required information. Incomplete documentation will delay your investment. The Funds will not process your investment until all required information has been provided and this form has been signed.**

The undersigned, by signing this Custodial Adoption Agreement, hereby establishes a Baron Funds® Coverdell Education Savings Account (the "Account") for the benefit of the Student with UMB Bank, N.A. as Custodian (the "Custodian"). The terms of the Account are contained in the document entitled "Baron Funds® Coverdell Education Savings Account Information Kit" (which is incorporated by reference) and this Adoption Agreement. The Account will be effective upon acceptance by the Custodian.

## 1. Initial Investment

The **minimum** initial investment is \$2,000 per fund or \$500 per fund if you use our Automatic Investment Plan (see page 5).

### In which Fund(s) would you like to invest?

- Baron Asset Fund (585) BARAX \$ \_\_\_\_\_
- Baron Discovery Fund (572) BDFFX \$ \_\_\_\_\_
- Baron Durable Advantage Fund (5005) BDAFX \$ \_\_\_\_\_
- Baron Emerging Markets Fund (575) BEXFX \$ \_\_\_\_\_
- Baron Fifth Avenue Growth Fund (579) BFTHX \$ \_\_\_\_\_
- Baron FinTech Fund (5008) BFINX \$ \_\_\_\_\_
- Baron Focused Growth Fund (578) BGFXX \$ \_\_\_\_\_
- Baron Global Advantage Fund (573) BGAFX \$ \_\_\_\_\_
- Baron Growth Fund (587) BGRFX \$ \_\_\_\_\_
- Baron Health Care Fund (5007) BHCFX \$ \_\_\_\_\_
- Baron International Growth Fund (577) BIGFX \$ \_\_\_\_\_
- Baron New Asia Fund (5009) BNAFX \$ \_\_\_\_\_
- Baron Opportunity Fund (580) BIOPX \$ \_\_\_\_\_
- Baron Partners Fund (586) BPTRX \$ \_\_\_\_\_
- Baron Real Estate Fund (576) BREFX \$ \_\_\_\_\_
- Baron Real Estate Income Fund (5006) BRIFX \$ \_\_\_\_\_
- Baron Small Cap Fund (583) BSCFX \$ \_\_\_\_\_
- Baron Technology Fund (5035) BTEEX \$ \_\_\_\_\_
- Baron WealthBuilder Fund TA Shares (5034) BWBTX \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

**Note: The Funds do not accept cash, credit cards, money orders, travelers checks, starter checks, third-party checks or bearer-form securities of any kind or in any amount. (See Section 10 for mailing and wiring instructions.)**

### How would you like to fund your account?

- Check enclosed payable to Baron Funds.®
- One-time initial electronic withdrawal (from the bank account listed in Section 8).
- Wired funds payable to Baron Funds® (Please call us at 1-800-442-3814 to obtain an account number before wiring funds).
- Transfer or Rollover from another custodian (must fill out Baron Funds® Coverdell ESA Transfer Form).

**Custodian's Annual Fee:** The custodian charges an annual maintenance fee of \$12 per Coverdell ESA. This fee will be deducted from your Coverdell ESA if not paid separately. Make check payable to BARON FUNDS®. The per Plan Type maintenance fee is waived if the assets of the Coverdell ESA are over \$10,000 at the time the fee is assessed.

## 2. Please Check One:

The Funds are offered and sold to any person with a valid SSN/U.S. tax identification number.

- U.S. CITIZEN       RESIDENT ALIEN

## 3. Account Registration – Required

### Student Information (See Instructions)

Owner's name (First, M.I., Last) – Required \_\_\_\_\_

Owner's SSN/U.S. Tax ID – Required \_\_\_\_\_ Date of Birth (MM/DD/YYYY) – Required \_\_\_\_\_

Street (P.O. Box not acceptable, with the exception of APO/FPO) – Required \_\_\_\_\_

Other Information (Suite, Attention, etc.) \_\_\_\_\_

City – Required \_\_\_\_\_ State – Required \_\_\_\_\_ Zip – Required \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email Address \_\_\_\_\_

- Student is a Special Needs Student

### Adult Information

(See Instructions — Only one adult should be listed)

- Mother       Father       Guardian\*

\*If "guardian," submit proof of guardianship.

Adult's name (First, M.I., Last) – Required \_\_\_\_\_

Adult's SSN/U.S. Tax ID – Required \_\_\_\_\_ Date of Birth (MM/DD/YYYY) – Required \_\_\_\_\_

Street (P.O. Box not acceptable, with the exception of APO/FPO) – Required \_\_\_\_\_

City – Required                      State – Required                      Zip – Required

Daytime phone    Evening phone

Email Address

**Note:** the “Adult” is the same individual described as the “Responsible Individual” in Articles I–X of the Custodial Account Agreement.

**Donor Information (See Instructions)**

Full Name of Donor – Required                      Date of Birth (MM/DD/YYYY) – Required

Donor’s SSN/U.S. Tax ID – Required

Street (P.O. Box not acceptable, with the exception of APO/FPO) – Required

City – Required                      State – Required                      Zip – Required

Name of Corporate Entity/Contact Donor                      Daytime Phone

**4. Type of Coverdell Education Savings Account**

**A**  Annual Contribution

Contribution of \$\_\_\_\_\_. For contributions sent between January 1st and April 15th, indicate whether it is for current or preceding calendar year. Only qualified investors may contribute to a Coverdell ESA. Please see disclosure statement for maximum permitted income and contribution amounts.

**B**  Rollover or Transfer of Existing Education Savings Account

Transfer of existing Education Savings Account. Complete the separate Transfer of Education Savings Account Assets Form and return it with this form.

Rollover of distribution from existing Education Savings Account to Student within 60 days after distribution. The requirements for a valid rollover are complex. Please read the Education Savings Account Disclosure Statement for additional information and consult your tax advisor for help if needed. Contribution of \$\_\_\_\_\_.

If you are transferring or rolling over an existing Education Savings Account, check the appropriate box below for the relationship of the Student listed in Item 3 above to the person who was the student for the Education Savings Account being transferred. The Student in Item 3 is the:

- Same person )
- Spouse )
- Child or Step-child )
- Sibling )
- Parent )                       Spouse of one of the foregoing
- Step-parent )
- Grandparent )
- Or
- First cousin
- Other

**5. Investments**

INVEST CONTRIBUTIONS TO ACCOUNT AS FOLLOWS:

NAME OF FUND	AMOUNT (\$ or % of Assets)
<input type="checkbox"/> Baron Asset Fund (585) BARAX	\$ _____
<input type="checkbox"/> Baron Discovery Fund (572) BDFFX	\$ _____
<input type="checkbox"/> Baron Durable Advantage Fund (5005) BDAFX	\$ _____
<input type="checkbox"/> Baron Emerging Markets Fund (575) BEXFX	\$ _____
<input type="checkbox"/> Baron Fifth Avenue Growth Fund (579) BFTHX	\$ _____
<input type="checkbox"/> Baron FinTech Fund (5008) BFINX	\$ _____
<input type="checkbox"/> Baron Focused Growth Fund (578) BFGFX	\$ _____
<input type="checkbox"/> Baron Global Advantage Fund (573) BGAFX	\$ _____
<input type="checkbox"/> Baron Growth Fund (587) BGRFX	\$ _____
<input type="checkbox"/> Baron Health Care Fund (5007) BHCFX	\$ _____
<input type="checkbox"/> Baron International Growth Fund (577) BIGFX	\$ _____
<input type="checkbox"/> Baron New Asia Fund (5009) BNAFX	\$ _____
<input type="checkbox"/> Baron Opportunity Fund (580) BOPX	\$ _____
<input type="checkbox"/> Baron Partners Fund (586) BPTRX	\$ _____
<input type="checkbox"/> Baron Real Estate Fund (576) BREFX	\$ _____
<input type="checkbox"/> Baron Real Estate Income Fund (5006) BRIFX	\$ _____
<input type="checkbox"/> Baron Small Cap Fund (583) BSCFX	\$ _____
<input type="checkbox"/> Baron Technology Fund (5035) BTEEX	\$ _____
<input type="checkbox"/> Baron WealthBuilder Fund TA Shares (5034) BWBTX	\$ _____
<b>Total</b>	<b>\$ _____</b>

The undersigned acknowledges having sole responsibility for the foregoing investment choices and having received a current prospectus for each Fund selected. I have been advised to read the prospectus(es) of the Fund(s) selected carefully before investing.

**6. Designation of Beneficiary**

Use the space below to indicate the designated beneficiary for the Account. See the Instructions for important information about designating a beneficiary. The Student may change the beneficiary(ies) designated below at any time after the Account is established by filing a new Designation of Beneficiary with the Baron Funds® and the Custodian. Any such subsequent Designation of Beneficiary will revoke all prior Designations. If the person designated as primary beneficiary does not survive the Student, the Account will pass to the alternate beneficiary (if any) named below if he or she survives the Student. If no designated beneficiary survives the Student, the Account will pass to the Student’s estate (unless otherwise required under the laws of the state of the Student’s residence). If you wish to designate multiple primary or alternate beneficiaries, you may do so by attaching a separate sheet listing the required information about each designated beneficiary. Distributions to the beneficiary will be in equal shares unless you specify different proportions.

Primary Beneficiary:

Name	Relationship
Date of Birth (MM/DD/YYYY)	SSN/U.S. Tax ID

Secondary Beneficiary:

Name	Relationship
Date of Birth (MM/DD/YYYY)	SSN/U.S. Tax ID

**7. Telephone/Online Authorization & Redemption Options**

You may make subsequent investments or exchange shares of one Baron Fund® for another Baron Fund® by telephone/online and redeem shares by telephone, unless you decline the option below. The maximum amount that may be redeemed by telephone is \$100,000 per Fund per day. Please see the prospectus(es) for more information.



Under penalties of perjury, I certify that:

1. The SSN/U.S. tax ID number shown on this form is my correct taxpayer identification number and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

Check here if you are subject to backup withholding.

3. Please check one:

I am a United States Citizen or Resident Alien (SSN or Tax ID provided)

I am a non-resident alien with a U.S. SSN or Tax ID. (A form W-8 will be mailed to you. Please complete it and return it to us along with a copy of your passport or government issued ID card.)

If not a U.S. citizen, please indicate the country in which you permanently reside: \_\_\_\_\_

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED ABOVE.

By signing this application, I/we also certify that:

• I have received and read the prospectus(es) for the Fund(s), and I agree to the terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me.

- I understand that the Funds are not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
- I ratify any instructions, including telephone instructions, given on this account. I understand that the Funds or DST will employ reasonable procedures to verify my identity and to confirm the genuineness of my instructions. I agree that neither the Fund(s) nor DST will be liable for any loss, cost or expense for following the Funds' anti-money laundering procedures and/or following reasonable procedures designed to prevent unauthorized transactions.
- I am not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful criminal activities; the information provided on this form and the documents submitted are true and correct.

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**Signature of Student** **Date (MM/DD/YYYY)**  
 (If Student has attained the age of majority in his/her state of residence.)

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**Signature of Adult** **Date (MM/DD/YYYY)**  
 (If Student has not attained the age of majority in his/her state of residence.)

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**Signature of Donor** **Date (MM/DD/YYYY)**  
 (or Representative of Corporate Entity)

**APPLICATIONS THAT ARE UNSIGNED OR INCOMPLETE WILL BE RETURNED WITHOUT THE ACCOUNT BEING ESTABLISHED.**

# Automatic Investment Plan Enrollment Form



Fill out this form only if you are establishing an Automatic Investment Plan with Baron Funds®. The Automatic Investment Plan is not available for entities. For information and to request forms, call: 1-800-442-3814 Monday – Friday, 9:00AM – 5:00PM ET, or visit [www.BaronFunds.com](http://www.BaronFunds.com). Please mail a completed form to: **Regular Mail:** Baron Funds®, P.O. Box 219946, Kansas City, MO 64121-9946. **Overnight Address:** Baron Funds®, 430 W. 7th Street, Kansas City, MO 64105-1514.

The undersigned authorizes Baron Funds® to start an Automatic Investment Plan for the account indicated below:

For any account starting with less than \$2000 a \$50 **monthly** minimum is required until the account reaches \$2000.

**STEP 1.** In shares of:

- Baron Asset Fund (585) BARAX \$ \_\_\_\_\_
- Baron Discovery Fund (572) BDFFX \$ \_\_\_\_\_
- Baron Durable Advantage Fund (5005) BDAFX \$ \_\_\_\_\_
- Baron Emerging Markets Fund (575) BEXFX \$ \_\_\_\_\_
- Baron Fifth Avenue Growth Fund (579) BFTFX \$ \_\_\_\_\_
- Baron FinTech Fund (5008) BFINX \$ \_\_\_\_\_
- Baron Focused Growth Fund (578) BFGFX \$ \_\_\_\_\_
- Baron Global Advantage Fund (573) BGAFX \$ \_\_\_\_\_
- Baron Growth Fund (587) BGRFX \$ \_\_\_\_\_
- Baron Health Care Fund (5007) BHCFX \$ \_\_\_\_\_
- Baron International Growth Fund (577) BIGFX \$ \_\_\_\_\_
- Baron New Asia Fund (5009) BNAFX \$ \_\_\_\_\_
- Baron Opportunity Fund (580) BIOPX \$ \_\_\_\_\_
- Baron Partners Fund (586) BPTFX \$ \_\_\_\_\_
- Baron Real Estate Fund (576) BREFX \$ \_\_\_\_\_
- Baron Real Estate Income Fund (5006) BRIFX \$ \_\_\_\_\_
- Baron Small Cap Fund (583) BSCFX \$ \_\_\_\_\_
- Baron Technology Fund (5035) BTEEX \$ \_\_\_\_\_
- Baron WealthBuilder Fund TA Share Class (5034) BWBTX \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

Begin my investments on: \_\_\_\_\_  
Date (MM/DD/YYYY)

**STEP 2.** Indicate the number of times/days per month for each investment:

(1) day \_\_\_\_\_ (2) day \_\_\_\_\_ (3) day \_\_\_\_\_ (4) day \_\_\_\_\_

**STEP 3.** Indicate the month(s) of the year for your investment:

month (1) \_\_\_\_\_ month (2) \_\_\_\_\_ month (3) \_\_\_\_\_ month (4) \_\_\_\_\_

(or)  monthly (required if initial investment is under \$2000)

every other month  quarterly  semi-annually  annually

**NOTE:** Coverdell ESA contributions will be made for the current tax year unless otherwise indicated.

\*If the day is a weekend or holiday or if the day is the 29th, 30th, or 31st and that day is not in a selected month (e.g., there is no February 30), money will be invested on the next business day. The date of investment or the amount may be changed at any time by writing to Baron Funds® at P.O. Box 219946, Kansas City, MO 64121-9946, or by calling 1-800-442-3814, or by accessing your account online at [www.BaronFunds.com](http://www.BaronFunds.com).

**Bank, Savings & Loan or Credit Union:**

Checking  Savings

Name of Institution \_\_\_\_\_ ABA Routing Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

**if you are adding or changing banking instructions to an existing account, a signature guarantee is required (see below). You can obtain a signature guarantee from most securities firms or banks, but not from a notary public.**

**SIGNATURE GUARANTEE REQUIRED**

Bank or Dealer Firm \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Signature of Authorized Officer of Guarantor \_\_\_\_\_ Title \_\_\_\_\_

**GUARANTEE STAMP**

Upon receipt of this enrollment form, United Missouri Bank of Kansas City, N.A. and DST Systems, Inc. ("DST") are authorized to credit the Baron Funds® account named above and to debit the bank account as indicated above. The undersigned understands that this service is governed by the provisions of the Baron Funds® prospectus and the rules of the Automated Clearing House ("ACH"), as amended from time to time, and is established solely for the convenience of the account owner. The undersigned further understands that this service may be terminated or modified at any time without notice by Baron Funds®, DST or United Missouri Bank of Kansas City, N.A. The account owner releases Baron Funds®, their affiliates, their agents and representatives from all liability and agrees to indemnify the same from any and all losses, damages or costs for acting in good faith in accordance with the privilege selected herein. In no event shall the Funds or their agents or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives and assigns of the account owners.

**This authorization shall continue until terminated by any account owner by written or telephonic notification to DST. Termination will be effective as soon as DST has had reasonable time to act upon it following receipt. Cancellation of an Automatic Investment Plan must be received at least six business days prior to the next scheduled purchase date. We may not be able to stop your systematic purchase if your request is not received at least six business days prior to your next scheduled purchase.**

Adult/Student/Donor \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK**

Names on Account \_\_\_\_\_

Date of Open Branch: 1234 Street, Your City, State 00000 555-555-5555 Any USA Bank 1493

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

⑆ 987654321⑆ 023456789⑆ 1493

ABA Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Distributed by: Baron Capital, Inc.  
767 Fifth Avenue, 49th Floor, New York, NY 10153  
212-583-2100, 800-99-BARON, [www.BaronFunds.com](http://www.BaronFunds.com)

**Fill out this form only if you are establishing an Automatic Investment Plan with Baron Funds®. This enrollment form is in addition to the Coverdell ESA Account Application. It is not available for entities.**

Please complete and return the following form if you wish to transfer, rollover or convert funds.

