

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM



SECTION 1: Responsible Individual

Responsible Individual's Name (*Last, First, Middle Initial*)

Responsible Individual's Social Security Number

Date of Birth (*MM/DD/YY*)

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)*

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 2: Designated Beneficiary

Beneficiary's Name (*Last, First, Middle Initial*)

Beneficiary's Social Security Number

Date of Birth (*MM/DD/YY*)

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

Mailing Address- *If different from above (P.O. Boxes accepted)*

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 3: Current Custodian

To avoid delays please check with your current Custodian for the correct address and to find out if they require a signature guarantee. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - (*P. O. Box or Street*)

City, State, Zip Code

()
Day Phone

()
Evening Phone

SECTION 4: Investment Instructions

Type of Request

- I am opening a new account(s) and have attached the required application(s) and document(s).
- I already have an RiverNorth Funds Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number

SECTION 4: Investment Instructions (continued)

Use the investment instruction below to identify the amounts for this deposit; otherwise the investment instructions on your original application will be used.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
RiverNorth/DoubleLine Strategic Income Fund Class I	14402	RNSIX	\$ _____		_____	%
RiverNorth/DoubleLine Strategic Income Fund Class R	14401	RNDLX	\$ _____		_____	%
RiverNorth Core Opportunity Fund Class R	14400	RNCOX	\$ _____		_____	%
RiverNorth Core Opportunity Fund Class I	14409	RNCIX	\$ _____		_____	%
RiverNorth/Oaktree High Income Fund Class I	14408	RNHIX	\$ _____		_____	%
RiverNorth/Oaktree High Income Fund Class R	14407	RNOTX	\$ _____		_____	%
Total			\$ _____		_____	100 %

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to BOKF, NA. as Custodian for the RiverNorth Funds Coverdell ESA.

For Certificates of Deposit, redeem: Immediately At Maturity Date

Investment #1

Fund Name/Type of Investment _____ Account Number _____

Liquidate Transfer in Kind Entire Account Partial Account \$ _____ or _____ %

Investment #2

Fund Name/Type of Investment _____ Account Number _____

Liquidate Transfer in Kind Entire Account Partial Account \$ _____ or _____ %

SECTION 6: Instructions to the Responsible Individual**Please Read Carefully**

This form will be used by the RiverNorth Funds to initiate a transfer of assets to your Coverdell ESA at the RiverNorth Funds. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) to:

Mailing Address

RiverNorth
PO Box 219427
Kansas City, MO 64121-9427

SECTION 7: Instructions to Resigning Custodian/Transfer Agent

Please liquidate the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions to:

Mailing Address

RiverNorth
PO Box 219427
Kansas City, MO 64121-9427

SECTION 8: Signatures

I authorize the transfer of assets as noted above to my RiverNorth Funds Coverdell ESA and BOKF, NA to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual _____

Date (MM/DD/YY) _____

