

Coverdell ESA Transfer Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Use this form to transfer your Coverdell Education Savings Account (ESA) from another institution directly to a Coverdell ESA at Janus Henderson.

- If you are opening a new account with this transfer, please enclose a Janus Henderson Coverdell ESA Application.
- Print in capital letters using black ink.

Questions?

Call us at **800-525-1093**

Step 1 – Please provide the following information

Student's Name

Student's Social Security Number

Student's Date of Birth

Responsible Individual's Name

Responsible Individual's Social Security Number

Address

City

State

Zip Code

Phone Number

Additional Phone Number (optional)

Remember to sign on page 4

Step 2 – How would you like your transferred assets invested at Janus Henderson? (check one)

Option A

☐ Open a new account, and deposit the proceeds as indicated on the enclosed Coverdell ESA Application.

Option B

☐ Deposit the proceeds into my existing Janus Henderson Coverdell ESA as indicated below.

_____	_____	_____
Fund Name or Number	Existing Janus Henderson Account Number	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Janus Henderson Account Number	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Janus Henderson Account Number	% or \$ Amount

Step 3 – Tell us about the Coverdell ESA you would like transferred and attach a copy of your most recent account statement for the account you are transferring to Janus Henderson

What names are on your existing Non-Janus Henderson account?

Name of the Student

Name of Responsible Individual

Account Number of the Coverdell ESA you are Transferring to Janus Henderson

Remember to sign on page 4

Step 3 – Continued

Where are the assets currently invested?

Name of the Firm that Currently Holds Your Assets

Attention (Person or Department)

Address of Resigning Trustee, Custodian or Institution

City

State

Zip Code

Phone Number

The approximate total amount of my transfer is \$ _____.

Please liquidate the ESA and forward the following assets to Janus Henderson.

- ☐ **All Assets**
- ☐ **Portion of Assets (specify below)**

Complete Transferring Fund Name

% or \$ Amount

Complete Transferring Fund Name

% or \$ Amount

Complete Transferring Fund Name

% or \$ Amount

For Certificates of Deposit (check one)

- ☐ Transfer immediately
- ☐ Transfer upon maturity (date of maturity)* _____

*Please send us this form at least two weeks prior to maturity.

Please include a copy of your current Non-Janus Henderson account statement.

Remember to sign on page 4

Step 4 – To expedite your request, we recommend you contact your current firm to determine if they have any additional requirements, such as:

- ☐ Assets may need to be liquidated prior to transfer.
- ☐ Signature Guarantee may be required.
- ☐ Outstanding fees may be owed.
- ☐ Specific asset transfer address.

Step 5 – Please read and sign below

Please liquidate assets as indicated in Step 3, and forward the assets to Janus Henderson. I understand that this transfer of assets is to be executed as a fiduciary-to-fiduciary transfer so as not to put me in actual or constructive receipt of all or any part of the transferred assets. I have established a Coverdell ESA at Janus Henderson to receive this transfer.

X _____
Signature of Responsible Individual Date

Printed Name of Responsible Individual

**SIGNATURE GUARANTEE STAMP
(Including Medallion Guarantees)**

PLACE GUARANTEE STAMP AND AUTHORIZED SIGNATURE INSIDE OF THE SPACE PROVIDED ABOVE. DO NOT OVERLAP ANY PART OF THE STAMP AND/OR SIGNATURE WITH OTHER TEXT IN THE APPLICATION.

A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution you intend to obtain a signature guarantee from for further information.

A notary public cannot provide a signature guarantee.

Remember to sign on page 4

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

To Be Completed By Janus Henderson

To Resigning Trustee

State Street Bank and Trust Company accepts appointment as Successor Custodian. We have established a Coverdell ESA for the named participant and will accept the transfer of plan assets on a fiduciary-to-fiduciary basis.



David Kelley, President
State Street Bank and Trust Company Authorized Signature

Note To Resigning Trustee

Please make check payable to: **Janus Henderson FBO**

Investor's Name

File Number

Please send check to:

Janus Henderson
PO Box 219109
Kansas City, MO 64121-9109

Janus Henderson Overnight/Physical Address:

Janus Henderson
801 Pennsylvania Ave, Suite 219109
Kansas City, MO 64105-1307

Copies of this document shall be treated as original for all purposes. Void if not signed by account owner.

Coverdell ESA Application

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

Use this form to establish a Coverdell Education Savings Account (ESA).

- Both the Student and the Responsible Individual must be a US Citizen or a US Resident Alien residing in the United States or a US Territory to open a Janus Henderson account.
- **Important Note:** To help the government deter money laundering and terrorism funding activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. Please read important disclosures in Step 12.
- Read the prospectus carefully before you invest or send money.
- Only one student and one responsible individual are permitted per account.
- Please print or type in black ink.
- **Accounts opened directly with Janus Henderson are only available in the D Share class.**

Questions?

Call 800-525-3713

In a Hurry?

Establish account online at
janushenderson.com

- or -

Fax form to 877-319-3852

Step 1 - Provide Student's information (all fields are required)

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Social Security Number	_____ Date of Birth	

- ☐ The responsible individual may not change the student designated under this agreement to another member of the designated student's family. (This provision is effective only if checked at time of account establishment.)

Step 2 - Provide Responsible Individual's information (must be a parent or legal guardian of the student and all fields are required)

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Social Security Number	_____ Date of Birth	

- ☐ The responsible individual shall continue to serve as the responsible individual after the student attains the age of majority and until the termination of the account. (This provision is effective only if checked at time of account establishment.)

Remember to sign on the last page

Step 3 - Provide Mailing Address and Contact information (If you provide a PO Box, you must also fill out **Physical Address** below.)

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
<hr/>	<hr/>	
Phone Number	E-mail Address (optional)	

Physical Address (Required, if different from above. No PO Box addresses.)

<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code

Step 4 - Provide the Depositor's information (complete only if the depositor is someone other than the responsible individual)

<hr/>		
First Name	Middle Initial	Last Name
<hr/>		
<hr/>	<hr/>	
Social Security Number	Date of Birth	
<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
<hr/>	<hr/>	
Phone Number	E-mail Address (optional)	

Remember to sign on the last page

Step 5 - Provide the Janus Henderson funds you would like to own

The minimum initial investment is \$1,000 per fund or \$100 per fund when you choose to invest \$50 or more on a monthly basis through our Automatic Investment Program described in Step 8.

See included list of Janus Henderson Funds. If providing a ticker symbol, please make sure it matches the one on the list provided to prevent any delays in your purchase.

_____	_____	_____
Fund Name or Ticker Symbol	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Ticker Symbol	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Ticker Symbol	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Ticker Symbol	Existing Account Number or "New"	% or \$ Amount

Step 6 - Provide how you would like to fund your account (check one)

☐ Annual contribution (*select contribution year; maximum \$2,000 per tax year*)

Contribution Year _____ *

☐ Transfer of an existing Education Savings Account from another financial institution -
Please enclose a Coverdell ESA Transfer Form.

☐ Rollover of an existing Education Savings Account**

* If contribution year is not stated, purchase will be made as a current year contribution.

**IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. The "One-Rollover-Per-Year" rule does not apply to IRA transfers. Please seek professional tax advice regarding questions about any IRA distributions.

Step 7 - Provide how you would like to make your initial fund purchase (check one)

☐ **Electronically** - Make a one-time withdrawal of \$ _____ from the bank account listed in Step 9.

☐ **Check** - Make your personal check or Cashier's check payable to **Janus Henderson** and enclose it with your completed application.

☐ **Re-registration** - Assets will come from an existing Janus Henderson account.

Remember to sign on the last page

Step 8 - Provide what funds you want to invest in on a regular basis through Janus Henderson's Automatic Investment Program (optional)

Enroll in our Automatic Investment Program (AIP) and we will automatically transfer a set amount (minimum \$50) from your bank account directly into the Janus Henderson fund(s) of your choice. If you would like to enroll, please provide your bank information in Step 9. Your AIP may generally be modified or cancelled at any time by visiting janushenderson.com or by calling a Janus Henderson representative.

_____	_____	Frequency*
Fund Name	Investment Amount* (\$50 min.)	☐ Monthly
_____	_____	☐ Every Other Month
Starting Month	Investment Date*	☐ Quarterly
_____	_____	Frequency*
Fund Name	Investment Amount* (\$50 min.)	☐ Monthly
_____	_____	☐ Every Other Month
Starting Month	Investment Date*	☐ Quarterly
_____	_____	Frequency*
Fund Name	Investment Amount* (\$50 min.)	☐ Monthly
_____	_____	☐ Every Other Month
Starting Month	Investment Date*	☐ Quarterly

*If investment amount, frequency or investment date are not specified, investments of \$50 will be made on the 20th of each month.

ESA contributions made through AIP will be credited as contributions for the year in which the shares are purchased. If you want to make **prior-year** contributions, please indicate which month(s) should be coded as a prior-year contribution(s):

- ☐ **January**
- ☐ **February**
- ☐ **March**
- ☐ **April** (must be on or before the 15th)

- ☐ Please send me information about Janus Henderson's Payroll Deduction Program.

Remember to sign on the last page

Step 9 - Provide your bank information

Please provide your bank information if you are enrolling in **Janus Henderson's Automatic Investment Program** and/or would like to make future **electronic purchases and redemptions**.

This is a:

☐ Checking Account

☐ Savings Account

9-Digit Bank Routing/ABA Number

Checking or Savings Account Number

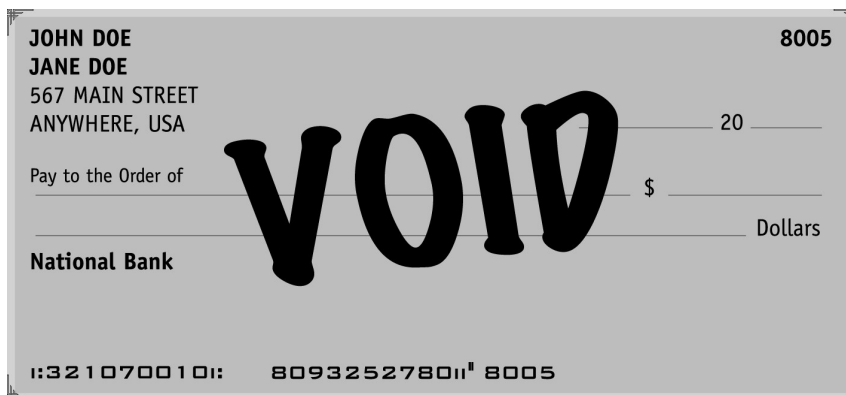
Bank Name

Owner's Name Exactly as on Bank Account

Joint Owner's Name Exactly as on Bank Account

If the owner(s) of the bank account is anyone other than the owner(s) of the Janus Henderson account, please complete a Bank Options Form or call a Janus Henderson Representative for more information at 800-525-3713

Please attach a *preprinted* voided check.



Don't have a preprinted voided check? Please contact a Janus Henderson representative at: **800-525-3713**.

Remember to sign on the last page

Step 10 - Add a Trusted Contact to Your Account

- A Trusted Contact is a designated individual that Janus Henderson may contact for additional information if there is a concern about account activity and we are unable to reach you
- Your Trusted Contact must be at least 18 years old
- One Trusted Contact will be added to all accounts under the primary owner's Social Security Number
- On accounts with multiple owners, the Trusted Contact information applies only to the first owner listed
- Your Trusted Contact is not authorized to transact on your Janus Henderson account(s)
- This can be changed at any time. To remove a Trusted Contact, please contact Janus Henderson by telephone or submit written instructions. To replace an existing Trusted Contact, please submit a new Trusted Contact Form

Trusted Contact Information

_____	_____	_____
First Name	Middle Initial	Last Name

Date of Birth		

_____	_____	
Preferred Phone Number	E-mail Address	

Mailing Address

Address		

_____	_____	_____
City	State	Zip Code

By providing a Trusted Contact, I authorize Janus Henderson to contact the Trusted Contact Person and disclose information in the following circumstances:

- To prevent the presumption of abandonment
- To address possible financial exploitation
- To confirm my current contact information
- To confirm my health status
- To obtain the identity of any legal guardian(s), executor(s), trustee(s), or holder(s) of a power of attorney
- To obtain information as otherwise permitted by federal or state law

Remember to sign on the last page

Step 11 - Provide beneficiary information

Please designate the individual(s) named below as the beneficiary(ies) of this Education Savings Account. If the student is not survived by any beneficiary, the beneficiary will be the student's estate. Only one primary beneficiary and one secondary beneficiary will be accepted. To qualify for continued treatment of the account as an Education Savings Account, you may want to designate a beneficiary who is a family member of the student and who would be under age 30 at the date of distribution.

Primary Beneficiary

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Social Security Number	Date of Birth	Relationship to Student

Custodian's full name if beneficiary is a minor.		

Secondary Beneficiary

(The secondary beneficiary receives account proceeds only if the primary beneficiary passes away before the student.)

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Social Security Number	Date of Birth	Relationship to Student

Custodian's full name if beneficiary is a minor.		

Step 12 - Please read and sign

By signing, I:

- (1) establish a Coverdell Education Savings Account (ESA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-EA; (2) certify that all contributions to the Savings Account meet the requirements of the Code governing such contributions; (3) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (4) agree that I have received, read, accepted and specifically incorporated herein the Custodial Agreement on Form 5305-EA and the Education Savings Account Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that this account will be subject to the Custodial Agreement as amended from time to time; and (7) agree that the terms, representations, and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.

Remember to sign on the last page

Step 12 - (continued)

- Certify if this is an Annual Contribution Education Savings Account, **that the student is less than 18 years old or is a Special Needs Student** and all contributions made on student's behalf to this or any other Education Savings Accounts do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the student is less than 30 years old or is a Special Needs Student.
- Acknowledge having received and read the "Education Savings Account Disclosure Statement" relating to this account (including the Custodian's fee schedule), the Coverdell Education Savings Custodial Account Agreement.
- Agree if this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this application on behalf of such entity and that the establishment of the account and contribution thereto have been duly approved by all requisite corporate actions.
- Acknowledge that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certify that the information provided above is accurate and correct.
- Understand if the student is a minor under the laws of student's state of residence, acceptance by the custodian of the contribution to this account is expressly conditioned upon the agreement of the parent or legal guardian (identified in Section 2) to be responsible for all requirements of the student under the documents governing the account, and to exercise the powers and the duties of the student, with respect to the operation of the account. Upon reaching the age of majority in the state in which the student then resides, the student may advise the custodian in writing (accompanied by such supporting documentation as the custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the account. Absent such written notice by the student, custodian shall have no responsibility to acknowledge student's exercise of such powers and duties of administration.
- Certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I agree to read the prospectus for any Janus Henderson fund into which I request an exchange.
- Authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- Authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this application. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson receives good funds. All account options and this authorization will remain in effect and become part of the account application and terms, representations, and conditions thereof until I notify Janus Henderson in writing or by phone that I wish to revoke this authorization. I understand that my termination request will be processed within a reasonable time frame upon receipt.

Remember to sign on the last page

Step 12 - (continued)

- Consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of most annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.
- **Important Note:** To help the government deter terrorism funding and money laundering activities, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete Steps 1-3 in their entirety when opening an account with Janus Henderson. The omission of this information will result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information in Steps 1-3. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

Under penalty of perjury, I certify that:

1. The Social Security Number(s) shown on this application are correct.
2. The student is 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 failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. Both the Student and Responsible Individual named on this application are US Citizens or US Resident Aliens residing in the United States or a US Territory.
4. The student is exempt from reporting per the Foreign Account Tax Compliance Act (FATCA).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



X

Signature of Responsible Individual

Date



X

Signature of Depositor/Donor if Different from Responsible Individual

Date

Janus Henderson Funds

PO Box 219109 • Kansas City, MO 64121-9109 • 800.525.3713

Name of fund, ticker symbol, and fund number.

U.S. Equity

Adaptive Risk Managed U.S. Equity Fund	JRSDX (26)
Contrarian Fund	JACNX (61)
Enterprise Fund	JANEX (50)
Forty Fund	JFRDX (46)
Growth & Income Fund	JNGIX (40)
Mid Cap Value Fund	JNMCX (67)
Research Fund	JNRFX (48)
Small Cap Value Fund	JNPSX (65)
Small/Mid Cap Value Fund	JSV DX (85)
Triton Fund	JANIX (74)
U.S. Dividend Income Fund	JDDVX (34)
Venture Fund	JANVX (45)

Global/International Equity

European Focus Fund	HFEDX (47)
Global Equity Income Fund	HFQDX (53)
Global Life Sciences Fund	JNGLX (59)
Global Real Estate Fund	JNGSX (31)
Global Research Fund	JANWX (41)
Global Select Fund	JANRX (62)
Global Sustainable Equity Fund	JEDTX (73)
Global Technology & Innovation Fund	JNGTX (60)
International Dividend Fund	HDDVX (33)
Overseas Fund	JNOSX (54)

Fixed Income

Developed World Bond Fund	HFADX (71)
Flexible Bond Fund	JANFX (49)
High-Yield Fund	JNHYX (57)
Low Duration Multi-Sector Income Fund	JUCDX (90)
Multi-Sector Income Fund	JMUDX (89)
Short Duration Flexible Bond Fund	JNSTX (52)

Asset Allocation

Balanced Fund	JANBX (51)
Global Allocation Fund – Conservative	JMSCX (78)
Global Allocation Fund – Growth	JNSGX (76)
Global Allocation Fund – Moderate	JNSMX (77)

Money Market

Government Money Market Fund –	
American Cancer Society Support	ACDXX (38)
Money Market Fund*	JNMXX (37)

*Positions in Money Market Fund may not be opened if the account is not beneficially owned by a natural person. If this fund is selected to open an account that is not beneficially owned by a natural person, the purchase will be deposited into Government Money Market Fund.