



Coverdell Education Savings Account Application

Mail To: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-220-8888**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. DESIGNATED BENEFICIARY

(Account Holder)

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ BIRTHDATE (Mo / Dy / Yr) _____

2. RESPONSIBLE PARTY

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
DAYTIME PHONE NUMBER _____ RELATIONSHIP TO DESIGNATED BENEFICIARY _____
SOCIAL SECURITY NUMBER _____ BIRTHDATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account agreement.
 The responsible party may not change the beneficiary.

3. ACCOUNT TYPE

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)
For Tax Year _____.
- Rollover Account – specify the type of rollover:
 Account Holder's CESA to Account Holder's CESA
 Qualifying Family Member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian.

- 4. INVESTMENT CHOICES** **By check:** Make check payable to Quaker Investment Trust. \$ _____
 By wire: Call 1-800-220-8888. Indicate amount of wire \$ _____

Fund Name	Please select a Class			Investment Amount \$250 Minimum \$50 minimum when setting up an AIP	Optional Automatic Investment Plan		
	CLASS A	CLASS C	CLASS I		\$50 Minimum	AIP Start Month	Day
<input type="checkbox"/> Quaker Strategic Growth Fund	<input type="checkbox"/> (1865)	<input type="checkbox"/> (1867)	<input type="checkbox"/> (1868)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Quaker Capital Opportunities Fund	<input type="checkbox"/> (1877)	<input type="checkbox"/> (1879)		\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Quaker Biotech Pharma-Healthcare Fund	<input type="checkbox"/> (1880)	<input type="checkbox"/> (1882)		\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Quaker Global Total Return Fund	<input type="checkbox"/> (2215)	<input type="checkbox"/> (2216)		\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Quaker Mid-Cap Value Fund	<input type="checkbox"/> (1883)	<input type="checkbox"/> (1885)	<input type="checkbox"/> (1886)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Quaker Small-Cap Value Fund	<input type="checkbox"/> (1887)	<input type="checkbox"/> (1889)	<input type="checkbox"/> (1890)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	_____	_____

5. AUTOMATIC INVESTMENT PLAN

Based on the instructions in Section 4, funds will be automatically transferred from the checking or savings account on the slip below:

Your signed application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

**ATTACH VOIDED CHECK OR
PRE-PRINTED SAVINGS DEPOSIT
SLIP HERE**

- A \$25 fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions

6. TELEPHONE OPTIONS

Your signed Application must be received at least 15 business days prior to initial transaction.

- Exchange** – permits the exchange of shares between identically registered accounts
- Purchase (EFT)** – permits the purchase of shares from your bank account.
Attach a voided check or pre-printed savings deposit slip above.
- E-mail Address** – permits the fund to send you fund updates

7. SIGNATURE

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Quaker Funds Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Quaker Funds Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable if I fail to notify the Quaker Funds Funds within such time period. I certify that I as the Responsible Party am of legal age and have the legal capacity to make this purchase.

I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

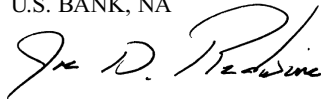
I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Quaker Funds Funds") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Quaker Funds Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



8. BROKER / DEALER INFORMATION

Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

Check here for Purchase at NAV

TELEPHONE NUMBER

TELEPHONE NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Sections 1 and 2?
 - Birth Date in Sections 1 and 2?
 - Full Name in Sections 1 and 2?
 - Permanent street address in Sections 1 and 2?

- Enclosed your check made payable to Quaker Investment Trust?
- Included a voided check, if applicable?
- Signed your application in Section 7?

