

COVERDELL ESA CHANGE OF DESIGNATION FORM



Use this Coverdell ESA Change of Designation Form to designate or change designations for the Designated Beneficiary, Death Beneficiary or Responsible Individual associated with an existing Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-400-MIDAS (6432).

PART I: CURRENT DESIGNATED BENEFICIARY INFORMATION (Generally the student)

(*DENOTES REQUIRED INFORMATION)

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

ESA Account/Plan Number: _____

PART II—OPTION #1: CHANGE DESIGNATED BENEFICIARY

Select this option to replace the Designated Beneficiary on the ESA Account/Plan identified above.

New Designated Beneficiary Information:

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

Note: Must be a U.S. citizen with a U.S. mailing address.

PART II—OPTION #3: CHANGE DEATH BENEFICIARY

Select this option to designate new Death Beneficiary(ies) on the ESA Account/Plan identified above.

NOTE: THIS DEATH BENEFICIARY DESIGNATION SUPERSEDES ALL PRIOR DEATH BENEFICIARY DESIGNATIONS FOR THE COVERDELL ESA IDENTIFIED ABOVE.

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the primary beneficiaries who survive the Designated Beneficiary. If no primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the contingent beneficiaries who survive the Designated Beneficiary. This beneficiary designation may be changed or revoked by completing a new *Coverdell ESA Change of Designation Form* and providing it to the ESA Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Addendum attached for additional death beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a Trust as a death beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian/Trustee.

PART III: SPOUSAL CONSENT

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary above. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

X _____ Date: _____

Witness:

X _____ Date: _____

PART IV: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

(Note: This Coverdell ESA Change of Designation Form will not be processed unless signed below by the Current and New Responsible Individual.)

By signing this *Coverdell ESA Change of Designations Form*, I certify that I am the Responsible Individual and the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize the changes indicated above, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Current Responsible Individual’s Signature:

X _____ Date: _____

Acceptance by New Responsible Individual (if applicable):

X _____ Date: _____

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



PART V: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Midas Funds
Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery

Midas Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

PRIVACY POLICY

FACTS	WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number ▪ Account balances ▪ Transaction or loss history ▪ Account transactions ▪ Retirement assets ▪ Checking account information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Midas share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other nonaffiliated financial companies	No	We don't share
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – Information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To Limit Sharing	<ul style="list-style-type: none"> ▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or ▪ Mail the form below <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 1-800-400-MIDAS (6432) or go to www.midasfunds.com
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Mail-in Form										
<p>Leave Blank or [If you have a joint account, your choice will apply to everyone on your account unless you mark below.]</p> <p><input type="checkbox"/> Apply my choice only to me]</p>	<p>Mark if you want to limit:</p> <p><input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e6b4e; color: white;">Name</td> <td style="width: 50%;"></td> <td rowspan="4" style="background-color: #2e6b4e; color: white; vertical-align: top;"> Mail to: Midas Funds 11 Hanover Square, 12th Floor New York, NY 10005 </td> </tr> <tr> <td style="background-color: #2e6b4e; color: white;">Address</td> <td></td> </tr> <tr> <td style="background-color: #2e6b4e; color: white;">City, State, Zip</td> <td></td> </tr> <tr> <td style="background-color: #2e6b4e; color: white;">Account #</td> <td></td> </tr> </table>	Name		Mail to: Midas Funds 11 Hanover Square, 12 th Floor New York, NY 10005	Address		City, State, Zip		Account #	
Name		Mail to: Midas Funds 11 Hanover Square, 12 th Floor New York, NY 10005								
Address										
City, State, Zip										
Account #										

Who we are

Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

What we do

How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*