



**JENSEN
INVESTMENT
MANAGEMENT®**

the Jensen Portfolio

J-Shares Coverdell Education Savings Account (CESA) Application

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and others who may be authorized to act on account: **full name, date of birth, social security number and permanent street address.** We must return your application if any of this information is missing. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value. For additional information please call The Jensen Portfolio at 800.992.4144.

1. Designated Beneficiary

(ACCOUNT HOLDER)

FIRST NAME			MIDDLE I.			LAST NAME		
PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)								
CITY			STATE			ZIP CODE		
()			()					
DAYTIME PHONE NO.				EVENING PHONE NO.				
E-MAIL ADDRESS (IF APPLICABLE)								
SOCIAL SECURITY NO.				BIRTHDATE (MO/DY/YR)				

2. Responsible Party

FIRST NAME			MIDDLE I.			LAST NAME		
PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)								
CITY			STATE			ZIP CODE		
()			()					
DAYTIME PHONE NO.				EVENING PHONE NO.				
E-MAIL ADDRESS (IF APPLICABLE)								
RELATIONSHIP			SOCIAL SECURITY NO.			BIRTHDATE (MO/DY/YR)		

Interested Party Confirmation Statements

If you would like to send copies of transaction confirmation statements and quarterly statements to another party, please provide mailing instructions below:

FIRST NAME			MIDDLE I.			LAST NAME		
COMPANY (IF APPLICABLE)								
STREET ADDRESS						APT/SUITE NO.		
CITY			STATE			ZIP CODE		

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.

**BEFORE YOU MAIL,
HAVE YOU:**

- Completed all USA Patriot Act required information? Social Security or Tax ID Number in Step 1 and Step 2? Birth date in Step 1 and Step 2? Permanent Street Address in Step 1 and Step 2?
- Enclosed your check made payable to The Jensen Portfolio?
- Included a voided check, if applicable?
- Signed your application in Step 7?

MAIL TO:
The Jensen Portfolio
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI
53201-9571

**OVERNIGHT EXPRESS
MAIL TO:**
The Jensen Portfolio
c/o US Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI
53202-5207

For help in completing this form or for Fund information, prices and literature, please call 1.800.992.4144.

You may download this form and other Jensen Portfolio literature at www.jenseninvestment.com

U.S. Bancorp Fund Services, LLC



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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 20_____
- Rollover – 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 – a direct transfer from current CESA custodian. Complete a Transfer Form.

4. Investment Method

- By check made payable to THE JENSEN PORTFOLIO
Amount \$_____ (**\$2000**)
- By wire: Call 800.992.4144

You must invest the maximum allowable \$2000. This reduction in Jensen's usual minimum investment of \$2500 is solely to accommodate federal limits on CESA accounts.

- By Automatic Investment Plan

Please start my Automatic Investment Plan (AIP) described in the Prospectus beginning Month _____ Year _____. I hereby instruct U.S. Bancorp Fund Services, LLC, transfer agent for The Jensen Portfolio to automatically transfer \$_____ (minimum \$100) directly from my checking account or savings account listed below on the _____ of each month or the first business day thereafter. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or any other reason. Your signed application must be received at least 15 business days prior to your initial transaction.

5. Bank Information

Your bank account information must be on file in order to settle by wire or electronic funds transfer any purchase or redemption transaction made by telephone or to participate in an automatic investment plan. The account name(s) below must exactly match at least one name in Step 1. Any co-signer of your checking or savings account who is not a joint owner of the funds must authorize these services by signing below.

- Checking Account
- Savings Account

Please attach a voided check or preprinted savings deposit slip (not a counter deposit slip, starter check or money market check) to this application. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

SIGNATURE OF BANK ACCOUNT OWNER	DATE
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**ATTACH VOIDED CHECK
OR PREPRINTED SAVINGS DEPOSIT SLIP HERE**

- \$25 fee will be assessed if the automatic purchase cannot be made
- Participation in the plan will be terminated automatically upon redemption of all shares
- Automatic investments will be reported as current year contributions

6. Telephone Transaction Privileges

You automatically have the ability to make telephone purchases and redemptions unless you specifically decline them below. See the Prospectus for minimum and maximum amounts. (Note: Step 4 must also be completed.) If you wish to decline this option, indicate below.

- I decline telephone transaction privileges.

All telephone transactions are recorded, and written confirmations indicating the details of all telephone transactions will be promptly sent to the shareholder of record. Prior to placing an order, the shareholder may be required to provide certain identifying information. See the Prospectus for further information.

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



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7. Signature

I have received and read the Disclosure Statement and Custodial Account Agreement and agree to be bound by its terms. I adopt The Jensen Portfolio 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 Jensen Portfolio (the "Fund"), and I agree to be bound by the terms of the Prospectus. 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 Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify The Jensen Portfolio within such time period. I represent that I am of legal age and have 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.

The Fund, its transfer agent and any officers, directors, employees or agents of these entities (collectively "The Jensen Portfolio"), will not be responsible for banking system delays beyond their control. I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the Fund. The Jensen Portfolio will not be liable for acting upon instructions believed 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 personally by me. 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 Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

SIGNATURE OF SHAREHOLDER/GUARDIAN

DATE

Appointment as custodian accepted
U.S. BANK, National Association