

Coverdell Education Savings Account Application



jenseninvestment.com

Mail to:
The Jensen Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to:
The Jensen Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St. FL3
Milwaukee, WI 53202-5207

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 for 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		DATE OF BIRTH (MM/DD/YYYY)		<input type="checkbox"/> CHECK IF MINOR SHOULD RECEIVE STATEMENTS		

2 RESPONSIBLE PARTY

FIRST NAME			M.I.	LAST NAME		
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)				CITY/STATE/ZIP		
DAYTIME PHONENUMBER		EVENING PHONENUMBER		RELATIONSHIP TO DESIGNATED BENEFICIARY		
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)		EMAIL ADDRESS		

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 V 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 VI 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 the **Jensen Funds**
Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount and third-party checks are not accepted.
- By wire:** Call 800.992.4144
Note: A completed application is required in advance of a wire.

INVESTMENT AMOUNT (\$2,500 minimum)

- JENSEN QUALITY GROWTH FUND (JENSX) \$
- JENSEN QUALITY VALUE FUND (JNVSX) \$
- JENSEN GLOBAL QUALITY GROWTH FUND (JGQSX) \$

5 AUTOMATIC INVESTMENT PLAN (AIP)

Your signed Application must be received at least 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 6 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Weekly Monthly Quarterly Semi-Annually Annually

If no option is selected, the frequency will default to monthly.

\$100 minimum


- | | | | | |
|--|----|----------------------|----------------------|----------------------|
| <input type="checkbox"/> JENSEN QUALITY GROWTH FUND (JENSX) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> JENSEN QUALITY VALUE FUND (JNVSX) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="checkbox"/> JENSEN GLOBAL QUALITY GROWTH FUND (JGQSX) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |

Please keep in mind that:

- > There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- > Participation in the plan will be terminated upon redemption of all shares.

6 BANK INFORMATION

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
VOID	
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
	

7 TELEPHONE OPTIONS

You automatically have the ability to make telephone purchases or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

Please note, you must provide bank instructions and a voided check or savings deposit slip in Section 6.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I DECLINE TELEPHONE TRANSACTION PRIVILEGES.

8 E-DELIVERY OPTIONS

I would like to:

- Receive prospectuses, annual reports and semi-annual reports electronically
- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting jenseninvestment.com.

Please note, you must provide your email address in Section 2 to enroll in eDelivery.

9 BENEFICIARY INFORMATION (DUE TO DEATH OF ACCOUNT HOLDER)

If you need more space, please enclose a separate sheet of paper.

PRIMARY

					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%

SECONDARY

					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
					0.00%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%

10 SIGNATURE AND CERTIFICATION REQUIRED BY THE INTERNAL REVENUE SERVICE

- > I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Jensen 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 Jensen Quality Growth Fund, the Jensen Quality Value Fund and/or the Jensen Global Quality Growth Fund (the "Fund(s)"). I understand the Fund(s)'s objectives and policies and agree to be bound to 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(s) to revoke my consent. I agree to notify the Fund(s) 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(s) and its transfer agent shall not be liable if I fail to notify the Fund(s) 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.
- > Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.
- > I authorize the Fund(s) to perform a credit check based on the information provided, if necessary.
- > The Fund(s), its transfer agent, and any officers, directors, employees, or agents of these entities (collectively the "Jensen Funds") will not be responsible for banking system delays beyond their control. By completing sections 5 or 7, 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 Jensen Funds will not be liable for acting upon instructions 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 Fund(s)'s transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

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



!!! BEFORE YOU MAIL, HAVE YOU:

- Completed all USA PATRIOT Act required information?
 - > Social Security Number in Sections 1 & 2?
 - > Birth Date in Sections 1 & 2?
 - > Full Name in Sections 1 & 2?
 - > Permanent street address in Sections 1 & 2?
- Enclosed your check made payable to the Jensen Funds?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 10?

For additional information please call toll-free 800.992.4144 or visit us on the web at jenseninvestment.com.