

COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

- Please complete this form to establish a Segall Bryant & Hamill Funds Coverdell Education Savings Account.
- **Identity Verification Information:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Please see notes on Identity Information in Section 12.
- Please read the prospectus carefully before you invest or send money.

1

OWNER (STUDENT) INFORMATION

Only one Student and one Responsible Individual are permitted per account.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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2

RESPONSIBLE INDIVIDUAL INFORMATION

The Responsible Individual must be a Parent or Legal Guardian of the Student.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Mother
 Father
 Guardian (*If "guardian," please submit proof of guardianship.*)

3

ADDRESS

Account Mailing Address	City	State	Zip Code
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Address of Residence <i>(required if different from Mailing Address or if Mailing Address is a P.O. Box)</i>	City	State	Zip Code
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Email Address <i>(optional)</i>	Telephone Number
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4

DEPOSITOR INFORMATION

If the Depositor is someone other than the Responsible Individual please complete this section.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Mailing Address	City	State	Zip Code
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Address of Residence <i>(required if different from Mailing Address or if Mailing Address is a P.O. Box)</i>	City	State	Zip Code
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5

INITIAL INVESTMENT

Please indicate how you would like to fund your education savings account. (select one)

- Annual Contribution** for tax year: _____
Please enclose your personal check payable to Segall Bryant & Hamill Funds along with your completed application.
- Transfer** of existing Education Savings Account from another Custodian.
Please enclose a completed Segall Bryant & Hamill Funds Transfer of Education Savings Account Assets Form.
- Rollover** of distribution from existing Education Savings Account.
Please enclose your personal check payable to Segall Bryant & Hamill Funds along with your completed application.

6

INVESTMENT SELECTION

Initial purchase minimum is \$1,000 per fund. Please make checks payable to Segall Bryant & Hamill Funds.

Fund Name	Amount	Fund Name	Amount
Segall Bryant & Hamill Micro Cap Fund	\$ _____	Segall Bryant & Hamill Global Large Cap Fund	\$ _____
Segall Bryant & Hamill Small Cap Value Dividend Fund	\$ _____	Segall Bryant & Hamill Short Term Plus Fund	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund	\$ _____	Segall Bryant & Hamill Plus Bond Fund	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund	\$ _____	Segall Bryant & Hamill Quality High Yield Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund	\$ _____	Total Amount:	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund	\$ _____		

7

AUTOMATIC INVESTMENT PLAN

This option is subject to the terms set forth in the prospectus. Please see the prospectus for more information.

The Segall Bryant & Hamill Funds Automatic Investment Plan allows you to make automatic investments (must be the equivalent of at least \$25 per month per fund) into your Segall Bryant & Hamill Funds Account directly from your bank checking or savings account. **Please also complete Bank Information in Section 8.**

Fund Name	Amount	Fund Name	Amount
Segall Bryant & Hamill Micro Cap Fund	\$ _____	Segall Bryant & Hamill Global Large Cap Fund	\$ _____
Segall Bryant & Hamill Small Cap Value Dividend Fund	\$ _____	Segall Bryant & Hamill Short Term Plus Fund	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund	\$ _____	Segall Bryant & Hamill Plus Bond Fund	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund	\$ _____	Segall Bryant & Hamill Quality High Yield Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund	\$ _____	Total Amount:	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund	\$ _____		

How often would you like to invest? Monthly Quarterly Annually

On or about what day? _____ If no date is specified, investments will be made on the 15th of each month.

8

BANK INFORMATION

Please complete this section to authorize electronic transfers between your bank and Segall Bryant & Hamill Funds for automatic purchases or redemptions via the **automatic investment plan, telephone or online services.**

Please attach a voided check or savings deposit slip from your bank account.

Account Type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (first nine digits at bottom left on check)

Bank Account Number (include branch number)

9

DESIGNATION OF BENEFICIARY

I hereby designate the individuals below as the beneficiary(ies) of this Education Savings Account. If the designated beneficiary is a family member of the Student and is under age 30 (or a Special Needs Student) at the time of the Student's death, the Account may remain an Education Savings Account for the benefit of the designated beneficiary (who thereafter will be treated as the Student for purposes of administering the Account). If the designated beneficiary at the time of the Student's death is not a family member of the Student under age 30 (or not a Special Needs Student), the designated beneficiary will be entitled to receive the remaining Account balance as a taxable distribution. If no designated beneficiary survives the Student, the Account will pass to the Student's estate (unless otherwise required under the laws of the Student's state of residence).

Please attach a letter of instruction if you would like to name more than two primary beneficiaries or if you would like to name contingent beneficiaries.

Primary Beneficiary(ies): *(If the sum of all primary beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Contingent Beneficiary(ies): *(If the sum of all contingent beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

10

CUSTODIAL ACCEPTANCE

Custodian Acceptance: BOKF, NA dba Colorado State Bank and Trust will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated will serve as notification of BOKF, NA dba Colorado State Bank and Trust acceptance of appointment as Custodian of the Depositor's Account.

11

SIGNATURE GUARANTEE OPTION

A Signature guarantee will not be required for redemptions greater than \$25,000 from your account unless you specifically request it below.

Yes, I would like Segall Bryant & Hamill Funds to require a signature guarantee for redemptions greater than \$25,000 from my account.

12

SIGNATURES AND CERTIFICATIONS

By signing below:

- I certify that I have received and read the Education Savings Custodial Account Agreement (Form 5305-EA) and the Education Savings Account Disclosure Statement located in the Segall Bryant & Hamill Funds Coverdell Education Savings Account Information Booklet.
- I certify that 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 that all Contributions that are made on the 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 a 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.
- I acknowledge that if the Student is a minor under the laws of the 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 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 Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.
- I acknowledge receipt of the Custodial Account Agreement and Education Savings Account Disclosure Statement at least 7 days before the date of signature (as indicated below) and acknowledge that there is no further right of revocation.
- I certify that 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.
- I certify that I have received, read, and understand the current prospectus for the Fund(s) elected for the initial investment of this account and that this account is subject to the terms of the prospectus, as amended from time to time. I understand that past performance is not indicative of future results and that shares of the funds are not bank deposits and are not insured by the FDIC.
- I certify that I am of legal age and have the power and authority to establish this account.
- I hereby establish an Education Savings Account for the benefit of the Student with BOKF, NA dba Colorado State Bank and Trust as Custodian.
- I understand that this application is subject to acceptance or rejection by Segall Bryant & Hamill Funds and its transfer agent and the authorization for this account shall continue until the Fund receives notice of modification signed by all appropriate parties. I also understand that all terms shall be binding upon heirs, representatives and assignees of the account owners.
- I understand that as a Segall Bryant & Hamill Funds shareholder, I will automatically have access to my accounts via Segall Bryant & Hamill Funds' automated telephone and online computer services unless I contact Segall Bryant & Hamill Funds and specifically decline these services.
- I authorize Segall Bryant & Hamill Funds and its agents to act upon instructions (by phone, in writing, online or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Segall Bryant & Hamill Funds nor its agents and affiliates 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 by phone or computer are genuine. "Reasonable procedures" might include, for example, recording instructions, providing written confirmation of transactions or requiring a form of personal identification prior to acting on instructions received by telephone or computer. I consent to the recording of telephone conversations.
- I 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.
- I consent to the delivery by Segall Bryant & Hamill Funds of one copy of each prospectus, shareholder report and (if and when permitted by law) other information to all shareholders who now or hereafter share the same mailing address as this account. This consent will become effective when my account is opened and will continue thereafter indefinitely, unless I contact Segall Bryant & Hamill Funds and revoke my consent.
- I understand that per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- **Identity Information:**
To help the government deter the funding of terrorism and money laundering activities all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. In order to comply with these requirements, we ask that you provide all information requested in Sections 1, 2, 3 and 4. Applications without such information may not be accepted. Segall Bryant & Hamill Funds reserves the right to place limits on the transactions in your account until your identity is verified. The information you provide to us will be used solely to attempt to verify your identity and may be shared with third parties for the purpose of validating your identity.
- **Special Information Concerning the Money Market Portfolio:**
If I invest in the BlackRock Money Market Portfolio, I understand that I am authorizing ALPS Fund Services, Inc. to effect purchase and redemption orders on my behalf and to act as the custodian and record owner of my shares of that Portfolio. Ownership of those shares will be evidenced on books and records maintained by ALPS Fund Services, Inc. Segall Bryant & Hamill Funds receives shareholder servicing fees from the Portfolio as described in the Portfolio's prospectus.

12

SIGNATURES AND CERTIFICATIONS (CONTINUED)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

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

Signature of Responsible Individual

Date

Signature of Depositor *(if different from Responsible Individual)*

Date

Mail to: Segall Bryant & Hamill Funds
P.O. Box 44323
Denver, Colorado 80201-4323
Questions: (800) 392-2673



THANK YOU FOR YOUR INVESTMENT IN SEGALL BRYANT & HAMILL FUNDS.

Segall Bryant & Hamill Funds | 1290 Broadway, Suite 1100 | Denver, Colorado 80203
(800) 392-2673 | www.sbhffunds.com

Segall Bryant & Hamill Micro Cap Fund, Segall Bryant & Hamill Small Cap Value Dividend Fund, Segall Bryant & Hamill Small Cap Growth Fund, Segall Bryant & Hamill Smid Cap Value Dividend Fund, Segall Bryant & Hamill Mid Cap Value Dividend Fund, Segall Bryant & Hamill Fundamental International Small Cap Fund, Segall Bryant & Hamill Global Large Cap Fund, Segall Bryant & Hamill Short Term Plus Fund, Segall Bryant & Hamill Plus Bond Fund, Segall Bryant & Hamill Quality High Yield Fund, Segall Bryant & Hamill Municipal Opportunities Fund, and Segall Bryant & Hamill Colorado Tax Free Fund are distributed by ALPS Distributors, Inc.

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