

Coverdell Education Savings Account Application

www.turnerinvestments.com

Read the Funds' **prospectus** for important information about the Funds and the **Education Savings Investor's Guide** for important information regarding your investments and retain them for your files. Sections 1,2,3 and 6 must be completed and the information provided will be verified as required by the USA Patriot Act. Failure to complete these sections may result in rejection of your application.

The USA Patriot Act

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.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

Notice for Non-U.S. persons:

Effective 1/31/07, non-U.S. persons are not permitted to open new accounts with Turner Funds. The Fund(s) has instructed its transfer agent accordingly.

1. STUDENT'S INFORMATION

Please note only one student and one responsible individual are permitted per account.

NAME: FIRST _____ MIDDLE _____ LAST _____
STUDENT'S DATE OF BIRTH _____ STUDENT'S SOCIAL SECURITY NUMBER _____

2. RESPONSIBLE INDIVIDUAL'S INFORMATION (The individual who has control over the student's account)

NAME: FIRST _____ MIDDLE _____ LAST _____ () _____
PREFERRED TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____ E-MAIL ADDRESS _____ DATE OF BIRTH _____
CITY _____ STATE _____ ZIP _____

Relationship to student

Mother Father Guardian* Other _____

*If guardian submit proof of guardianship.

(1) If mailing address is a post office box (other than an Army Post Office Box or Fleet Post Office Box), a street address is also required by the USA Patriot Act)

3. CONTRIBUTOR/DONOR INFORMATION (If the Donor is someone other than the Responsible Individual, please specify below)

CONTRIBUTOR'S/DONOR'S NAME: FIRST _____ MIDDLE _____ LAST _____
CONTRIBUTOR'S/DONOR'S SOCIAL SECURITY NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PREFERRED PHONE NUMBER _____

4. HOW WOULD YOU LIKE TO FUND THE EDUCATION SAVINGS ACCOUNT?

Please check one. If more than one option is required please use multiple applications.

- Contribution for tax year 20____ \$ _____
 *Transfer of an existing Education Savings Account from another financial institution ____% or \$ _____
 Rollover of an existing Education Savings Account \$ _____

*Please complete the Education Savings Account Transfer Form.

5. INVESTMENT INSTRUCTIONS (Minimum Investment \$2,000)

Enclose your check (Minimum initial investment per Fund is \$2,000 for Investor Class. Please see the prospectus for more detail). Note the Turner Fund(s) and specify the amount to be invested: \$ of % (% amount if this is an asset transfer request). **Please note that the Turner Funds do not accept third party checks, cash, money orders or travelers checks.**

Turner Concentrated Growth Fund	<input type="checkbox"/> Investor Class (1237) _____% or \$ _____	Turner Spectrum Fund	<input type="checkbox"/> Investor Class (3310) _____% or \$ _____
Turner Large Growth Fund	<input type="checkbox"/> Investor Class (1305) _____% or \$ _____ <input type="checkbox"/> Institutional Class (1311) _____% or \$ _____		<input type="checkbox"/> Institutional Class (3311) _____% or \$ _____
Turner Emerging Growth Fund	<input type="checkbox"/> Investor Class (1310) _____% or \$ _____ <input type="checkbox"/> Institutional Class (2796) _____% or \$ _____	Turner Titan Fund	<input type="checkbox"/> Investor Class (3583) _____% or \$ _____ <input type="checkbox"/> Institutional Class (3584) _____% or \$ _____
Turner International Growth Fund	<input type="checkbox"/> Investor Class (2787) _____% or \$ _____ <input type="checkbox"/> Institutional Class (2788) _____% or \$ _____	Turner Medical Sciences Long/Short Fund	<input type="checkbox"/> Investor Class (3586) _____% or \$ _____ <input type="checkbox"/> Institutional Class (3587) _____% or \$ _____
Turner Quantitative Broad Market Equity Fund	<input type="checkbox"/> Investor Class (2790) _____% or \$ _____ <input type="checkbox"/> Institutional Class (2791) _____% or \$ _____	Turner Market Neutral Fund	<input type="checkbox"/> Investor Class (3580) _____% or \$ _____ <input type="checkbox"/> Institutional Class (3581) _____% or \$ _____
Turner Midcap Growth Fund	<input type="checkbox"/> Investor Class (899) _____% or \$ _____ <input type="checkbox"/> Institutional Class (1309) _____% or \$ _____ <input type="checkbox"/> Retirement Class (1253) _____% or \$ _____	Turner Global Opportunities Fund	<input type="checkbox"/> Investor Class (3314) _____% or \$ _____ <input type="checkbox"/> Institutional Class (3315) _____% or \$ _____
Turner All Cap Growth Fund	<input type="checkbox"/> Investor Class (1240) _____% or \$ _____		
Turner Small Cap Growth Fund	<input type="checkbox"/> Investor Class (897)* _____% or \$ _____		

Coverdell Education Savings Account Application (continued)

6. BENEFICIARY DESIGNATION

Please designate the individual(s) named below as the beneficiary(ies) of this Education Savings Account. If the Student is not survived by any beneficiary, the beneficiary will be the Student's estate. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise the named beneficiaries will share equally.

Primary Beneficiary

NAME	PERCENT		
RELATIONSHIP TO STUDENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET OR P.O. BOX			
CITY	STATE	ZIP	

Secondary Beneficiary

NAME	PERCENT		
RELATIONSHIP TO STUDENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET OR P.O. BOX			
CITY	STATE	ZIP	

7. SIGNATURE

- I certify under the penalty of perjury that I am of legal age and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.
- I certify that I am a U.S. person (including a U.S. resident alien) and that the Social Security or Taxpayer Identification Number entered below is correct.
- By signing this application, I hereby authorize and appoint State Street Bank and Trust Company to act as Custodian of my account.
- I indemnify Turner Funds when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation.
- I acknowledge that I have received the CESA Disclosure Statement and Custodial Agreement. I have read both, which are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the CESA Custodial Agreement. I also certify that I have received and read the current prospectus for each Fund selected.
- The following is required by Federal tax law to avoid 31% backup withholding: "By signing below, I certify under penalty of perjury that the taxpayer identification number entered on the reverse side of this form is correct and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box below."
- The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity.
- 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.

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.

Check Box if you have received IRS notification that you ARE subject to backup withholding.

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

The Turner Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/ semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested. You may revoke your consent at any time by calling 1-800-224-6312. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do *not* wish to participate in Householding

SIGNATURE OF RESPONSIBLE INDIVIDUAL _____ DATE _____

8. CUSTODIAN ACCEPTANCE

- State Street Bank and Trust Company will accept appointment as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the Student has received a statement of the transaction. Receipt by the Student of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

BY _____ DATE _____ TITLE _____

**Please return this completed application and, if applicable, the Education Savings Account Transfer form.
Make your check payable to Turner Funds.**

**Send to:
Turner Funds
c/o DST Systems
P.O. Box 219805
Kansas City, MO 64121-9805**

**For overnight packages:
Turner Funds
c/o DST Systems
430 W. 7th Street
Kansas City, MO 64105**