



# Adoption Agreement

UMB Bank, N.A.  
Coverdell Education Savings Custodial Account for The Royce Funds

## 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. When you open an account, we will ask for information that will allow us to identify you. This information must be provided and will be verified to ensure identity of every person opening a mutual fund account, as required by the USA Patriot Act.

**You must complete all three pages of the Adoption Agreement and Step 8 must be signed.**

The undersigned, by signing this Adoption Agreement, hereby establishes an Education Savings Account (the "Account") for the benefit of the Student with UMB Bank, N.A. as Custodian ("Bank"). The terms of the Account are contained in the document entitled "UMB Bank, N.A. Coverdell Education Savings Custodial Account Agreement" (which is incorporated by reference) and this Adoption Agreement. The Account will be effective upon acceptance by Bank.

**Please Print, Preferably with Black Ink**

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## Step One Student Information

STUDENT'S NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH (MM/DD/YYYY)

STUDENT'S SOCIAL SECURITY NUMBER

STUDENT'S DAYTIME TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

Student is a Special Needs Student

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## Step Two Parent Information (Only One Parent Should Be Listed)

PARENT'S NAME (FIRST, MIDDLE, LAST)

MOTHER/FATHER/GUARDIAN (If "Guardian," submit proof of guardianship)

PARENT'S SOCIAL SECURITY NUMBER

PARENT'S DAYTIME TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

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## Step Three Donor Information

DONOR'S NAME (FIRST, MIDDLE, LAST)

NAME OF CORPORATE ENTITY CONTACT

DONOR'S SOCIAL SECURITY NUMBER

DONOR'S DAYTIME TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

## Step Four Type Of Education Savings Account

### ANNUAL CONTRIBUTION

Check enclosed for \$ \_\_\_\_\_.

For checks sent between January and April 15, indicate whether it is for current or preceding calendar year. This contribution does not exceed the maximum permitted amount as described in the Education Savings Account Disclosure Statement.

### ROLLOVER OR TRANSFER OF EXISTING EDUCATION SAVINGS ACCOUNT

Transfer of existing Education Savings Account. Complete the separate **Transfer of Education Savings Account Assets Form** and return it with this form. Rollover of distribution from existing Education Savings Account to me within 60 days after distribution. The requirements for a valid rollover are complex. See the Education Savings Account Disclosure Statement for additional information and consult your tax advisor for help if needed.

Check enclosed for \$ \_\_\_\_\_.

If you are transferring or rolling over an existing Education Savings Account, check the appropriate box below for the relationship of the Student in Step One above to the person who was the student for the existing Education Savings Account. The person in Step One is the:

- |                                       |                                 |  |                                      |   |
|---------------------------------------|---------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Same Person  | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child or Step-Child | <input type="checkbox"/> Sibling     | <input type="checkbox"/> Spouse of One of Foregoing |
| <input type="checkbox"/> First Cousin | <input type="checkbox"/> Parent | <input type="checkbox"/> Step-Parent         | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Child of Sibling           |
|                                       |                                 |  |                                      | <input type="checkbox"/> Other                      |

## Step Five Investments

**Royce Trust & GiftShares Fund and Royce Select Fund are not available for investments in Education Savings Accounts.**

| FUND              | PROPORTION |
|-------------------|------------|
|                   | %          |
|                   | %          |
|                   | %          |
| (MUST EQUAL 100%) |            |

## Step Six Designation Of Beneficiary

Use the space below to indicate the designated beneficiary for the Account. See the Instructions for important information about designating a beneficiary. The Student may change the beneficiary(ies) designated below at any time after the Account is established by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation of Beneficiary will revoke all prior Designations. If the person designated as primary beneficiary does not survive the Student, the Account will pass to the alternate beneficiary (if any) named below if he or she survives the Student. If no designated beneficiary survives the Student, the Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence). If you wish to designate multiple primary or alternate beneficiaries, you may do so by attaching a separate sheet listing the required information about each designated beneficiary; distributions to them will be in equal shares unless you specify different proportions.

| PRIMARY BENEFICIARY'S NAME   | RELATIONSHIP TO STUDENT | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY NUMBER |
|------------------------------|-------------------------|----------------------------|------------------------|
|                              |                         |                            |                        |
| ALTERNATE BENEFICIARY'S NAME | RELATIONSHIP TO STUDENT | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY NUMBER |
|                              |                         |                            |                        |

## Step Seven Information and Certification Concerning Tax Withholding

By signing this form, the undersigned certifies that the Student is a U.S. Person (a U.S. citizen or a resident alien) or a Foreign Person (a nonresident alien), as indicated by checking the appropriate box below, and makes the related certifications.

**Check One Box.** The Student is:

- A U.S. Person.** The undersigned certifies that the number shown in Part 1 of this Adoption Agreement is the Student's correct Social Security number (or the Student is waiting to be issued a Social Security number); and
- The Student is not subject to backup withholding because:** (a) the Student is exempt from backup withholding, or (b) the Student has not been notified by the Internal Revenue Service (IRS) that the Student is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Student that the Student is no longer subject to backup withholding. (NOTE: Cross out this sentence if the Student has been notified by the IRS that the Student is currently subject to backup withholding because of failure to report all interest and dividends on the Student's tax return.)
- A Foreign Person.** The undersigned acknowledges that the IRS does not require consent to any provisions of this document other than the Form W-8BEN certification required to avoid backup withholding and qualify for a tax treaty rate of withholding (see IRS Publication 515).

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## Step Eight Certifications and Signatures

If this is a Rollover Education Savings Account, the undersigned certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no other rollover from the transferring Education Savings Account has been made within the one-year period immediately preceding this rollover, and further that the assets being rolled over into this Account were not previously rolled over into the transferring Education Savings Account within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that the Student identified in Item 1 above is either the person for whose benefit the prior Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Education Savings Account, the undersigned certifies that the Student is less than 18 years old, is a Special Needs Student and that all Contributions made on 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 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 and that the relationship indicated in Section 4 is correct.

The undersigned acknowledges having received and read the "Education Savings Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Coverdell Education Savings Custodial Account Agreement, and the "Instructions" pertaining to this Adoption Agreement.

The undersigned acknowledges 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 acknowledges that there is no further right of revocation.

If this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this Adoption Agreement on behalf of such entity and that the establishment of the Account and contribution thereto have been duly approved by all requisite corporate actions.

The undersigned acknowledges that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certifies that the information provided above is accurate and correct.

### Acceptance by New Custodian (To Be Completed by UMB Bank, N.A.)

UMB Bank, N.A. 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 UMB Bank, N.A.'s acceptance of appointment as Custodian of the Account.

#### UMB Bank, N.A., Custodian

By: \_\_\_\_\_

If Student is a minor under the laws of Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the agreement of the Parent (identified above 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 the Student, the Custodian shall have no responsibility to acknowledge the Student's exercise of such powers and duties of administration.

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SIGNATURE OF STUDENT (IF STUDENT HAS ATTAINED THE AGE OF MAJORITY IN HIS/HER STATE OF RESIDENCE.)

DATE

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SIGNATURE OF DONOR (OR REPRESENTATIVE OF CORPORATE ENTITY)

DATE

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## Step Nine Send Us Your Documents

**Retain a copy of the completed adoption agreement for your records.**

**Make checks payable to The Royce Funds.**

### Mail forms and checks to:

The Royce Funds  
c/o DST AMS  
P.O. Box 219012  
Kansas City, MO 64121-9012

### Send overnight or certified mail to:

The Royce Funds  
c/o DST AMS  
330 West 9th Street  
Kansas City, MO 64105