COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM

RIVERNORTH® FUNDS

SECTION 1: Responsible Individual

Responsible Individual's Name *(Last, First, Middle Initial)*

Responsible Individual's Social Security Number | Date of Birth *(MM/DD/YY)*

Address of Residence - *P.O. Box is not accepted* | City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)* | City, State, Zip Code

( ) Day Phone | ( ) Evening Phone | E-mail Address

SECTION 2: Designated Beneficiary

Beneficiary's Name *(Last, First, Middle Initial)*

Beneficiary's Social Security Number | Date of Birth (*MM/DD/YY)*

Address of Residence - *P.O. Box is not accepted* | City, State, Zip Code

Mailing Address- *If different from above (P.O. Boxes accepted)* | City, State, Zip Code

( ) Day Phone | ( ) Evening Phone | E-mail Address

SECTION 3: Current Custodian

To avoid delays please check with your current Custodian for the correct address and to find out if they require a signature guarantee. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - *(P. O. Box or Street)* | City, State, Zip Code

( ) Day Phone | ( ) Evening Phone

SECTION 4: Investment Instructions

Type of Request

❑ I am opening a new account(s) and have attached the required application(s) and document(s).

❑ I already have an RiverNorth Funds Coverdell ESA Account. Please invest proceeds into my account. _____

Existing Coverdell ESA Account Number

SECTION 4: Investment Instructions (continued)

Use the investment instruction below to identify the amounts for this deposit; otherwise the investment instructions on your original application will be used.

Fund Name	Fund Number	Ticker		Amount	or	Percent	%
RiverNorth/DoubleLine Strategic Income Fund Class I	14402	RNSIX	$				%
RiverNorth/DoubleLine Strategic Income Fund Class R	14401	RNDLX	$				%
RiverNorth Core Opportunity Fund Class R	14400	RNCOX	$				%
RiverNorth Core Opportunity Fund Class I	14409	RNCIX	$				%
RiverNorth/Oaktree High Income Fund Class I	14408	RNHIX	$				%
RiverNorth/Oaktree High Income Fund Class R	14407	RNOTX	$				%
Total			**$**			**100**	**%**

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to BOKF, NA dba Colorado State Bank and Trust. as Custodian for the RiverNorth Funds Coverdell ESA.

For Certificates of Deposit, redeem: ❑ Immediately ❑ At Maturity Date

Investment #1

Fund Name/*Type of Investment* Account Number

❑ Liquidate ❑ Transfer in Kind ❑ Entire Account ❑ Partial Account $_____or_____%

Investment #2

Fund Name/*Type of Investment* Account Number

❑ Liquidate ❑ Transfer in Kind ❑ Entire Account ❑ Partial Account $_____or_____%

SECTION 6: Instructions to the Responsible Individual

Please Read Carefully

This form will be used by the RiverNorth Funds to initiate a transfer of assets to your Coverdell ESA at the RiverNorth Funds. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) to:

Mailing Address
RiverNorth Funds
P.O. Box 1920
Denver, CO 80201

Overnight Address
RiverNorth Funds
1290 Broadway, Suite 1100
Denver, CO 80203

SECTION 7: Instructions to Resigning Custodian/Transfer Agent

Please liquidate the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions to:

Mailing Address
RiverNorth Funds
P.O. Box 1920
Denver, CO 80201

Overnight Address
RiverNorth Funds
1290 Broadway, Suite 1100
Denver, CO 80203

SECTION 8: Signatures

I authorize the transfer of assets as noted above to my RiverNorth Funds Coverdell ESA and BOKF, NA dba Colorado State Bank and Trust to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual Date *(MM/DD/YY)*

SECTION 9: Medallion Signature Guarantee

A **Medallion Signature Guarantee** is required when distributing money to an address/bank other than the address/bank of record or making the payment to a party other than the owner of record.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. Signatures notarized by a Notary Public are not acceptable.

A **Medallion Signature Guarantee** is required for adding or changing bank information in addition to authorizing wire transfers on this account.

Eligible guarantor's: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
Savings Associations

Medallion Signature Guarantee Stamp *(ID Required)* Bank or Dealer Firm

Officer's Title Officer's Signature Date *(MM/DD/YY)*

[STAMP]

SECTION 10: BOKF, NA dba Colorado State Bank and Trust

BOKF, NA dba Colorado State Bank and Trust, accepts its appointment as Custodian of the referenced Coverdell ESA and has established a Coverdell ESA as indicated on the front of this form under the Internal Revenue Code Section 530 for Coverdell ESAs under the shareholder's name in the RiverNorth Funds. The RiverNorth Funds and BOKF, NA dba Colorado State Bank and Trust, as Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by BOKF, NA dba Colorado State Bank and Trust, as Custodian for the RiverNorth Funds Coverdell ESAs.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative Date *(MM/DD/YY)*

Please mail completed form to:

Mailing Address
RiverNorth Funds
P.O. Box 1920
Denver, CO 80201

Overnight Address
RiverNorth Funds
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-888-848-7569 or visit www.rivernorth.com.