Regular mail:

NexPoint Funds PO Box 219424

Kansas City, MO 64121-9424 Telephone: 877-665-1287

Overnight mail:

NexPoint Funds 430 W 7th Street, Suite 219424 Kansas City, MO 64105-1407

Coverdell ESA Account Application

Important Information about procedures for opening a new account: 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 for 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. We may also ask to see your driver's license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify your information. We will not be responsible for any losses or damages resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

1. Account Information

First Name*	Middle Initial	Last Name*	
	I	Citizen of:	☐ U.S.☐ Other (specify):
Social Security/Tax ID No.*	Birthdate* (mm/dd/yyyy)		
			I I
Street Address* (PO Box not permitted, *Required Information	except APO or FPO)	City*	State* Zip Code*
Responsible Individual (The paren	t or guardian of the Designated Ber	neficiary)	
E . N . *	NC111 T SC 1	 	
First Name*	Middle Initial	Last Name* Citizen of:	☐ U.S.☐ Other (specify):
		Citizen or.	U.S. Other (Specify).
Social Scourity/Toy ID No *	Pirthdata* (mm/dd/xxxxx)		
Social Security/Tax ID No.*	Birthdate* (mm/dd/yyyy)	ı	1 (1
Social Security/Tax ID No.* Street Address* (PO Box not permitted, *Required Information		 City*	State* Zip Code*
Street Address* (PO Box not permitted,	except APO or FPO)	·	State* Zip Code
Street Address* (PO Box not permitted, *Required Information C. Contributor (Individual establis	except APO or FPO)	·	State* Zip Code*
Street Address* (PO Box not permitted, *Required Information C. Contributor (Individual establis	except APO or FPO) hing the account, if different fron	n Responsible In	State* Zip Code*
Street Address* (PO Box not permitted, *Required Information	except APO or FPO) hing the account, if different fron	n Responsible In	State* Zip Code ² dividual)

The Designated Beneficiary automatically becomes the responsible individual upon attaining the age of majority - See Article V of the Custodial Agreement. The Responsible Individual may designate a family member of the original Designated Beneficiary as the new Designated Beneficiary, but restrictions apply—See the *Transfers* section of the Disclosure Statement for more details.

Mailing Address (if different from	the primary of	owner's street ac	ddress)		City		State	Zip	Code	
Contact Telephone Number			Email Ado	drace						
contact Telephone Number			Eman Auc	11688						
Consent for E-Delivery f you elect E-Delivery, you w or viewing at www.nexpointa	rill receive a	notification t	to the em	ail address p	rovided in Sec	tion 3 informin	ng you v	when a	documer	ıt is ava
You may view, change or revo nline account access system a rom you via email.										
Document Types for E-Del Prospectus and Sharehol	livery: der Reports	s		Quarterly S	tatements		□ Yea	r-end :	Statemei	nts
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 $[\]begin{tabular}{l} \square *Check here, and complete Section 6B, to have your cash dividends and/or capital gains electronically transmitted to your bank account. \\ \end{tabular}$

5. Type of Contribution Check All that Apply: ☐ **Contribution** - This contribution applies to the tax year______. Contributions will be considered CURRENT year if not designated. Prior year contributions must be made by April 15. ☐ Indirect Rollover - This contribution is a ROLLOVER from a Coverdell ESA established for the benefit of either the Designated Beneficiary named above, or another member of the Designated Beneficiary's family as described in IRS section 529(e)(2) who is under age 30. ☐ **Transfer of Assets** - This contribution is a Transfer of Assets from another Coverdell ESA. I have attached a completed "Transfer of Assets/Direct Rollover" form. ☐ Annual Fiduciary Maintenance Fee – Check this box if you have included \$15 to cover the annual fiduciary maintenance fee for this account type. (You may add this amount to your contribution and send only one check.) 6. Account Options A. Telephone/Online Exchange, Purchase and Redemption Your account will automatically be coded with Telephone/Online Purchase, Telephone/Online Exchange and Telephone/Online Redemption Privileges, unless you check a box below to decline these privileges. If you do not provide banking information in Section B, Telephone/On- line Redemptions will be mailed via check to your address of record. ☐ Decline Telephone/Online Purchase ☐ Decline Telephone/Online Exchange ☐ DeclineTelephone/Online Redemption Please review the rules set forth in the prospectus regarding Telephone and Online transactions. Neither NexPoint Funds nor its transfer agent will be liable for any loss, liability, cost or expense for acting upon requests reasonably believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time. **B.** Bank Account Information ☐ Use the bank information from my investment check. ☐ Use the bank information provided below. Bank Name Name(s) on Bank Account This is a: ☐ Checking ☐ Savings Account Bank Routing/ABA Number Bank AccountNumber (Note: one common name must appear on both your NexPoint Funds account registration and the bank account registration. If there is no common ownership, the guaranteed signature of at least one of the bank account owners is required in section 8) You are hereby authorized to pay and charge to my account debits drawn on my account by and payable to the order of NexPoint Funds. This authority is to remain in effect until revoked by me in writing and, until you receive such notice, I agree you shall be fully protected in honoring any such check. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever. This option, if exercised, shall become part of the account application and the terms, representations and conditions thereof. C. Net Asset Value (NAV)

I am eligible to purchase shares at NAV as outlined in the prospectus.

D. Rights of Accumulation (ROA)/ Letter of Intent (LOI)

Beneficiary Name	 Birthdate (mm/dd/y	/yyy) Social Security/T	ax ID No. Relationship	Allocation (%)
econdary Death Beneficia Please check here if you	ry Designation: are attaching any page(s) wi	th additional beneficiaries	. Please sign the attached	l page
Beneficiary Name	Birthdate (mm/dd/y	yyyy) Social Security/T	ax ID No. Relationship	Allocation (%)
	<u> </u>			1
Death Beneficiary Design Primary Death Beneficiary ☐ Please check here if you		th additional beneficiaries	. Please sign the attached	l page
prospectus and Statemen	sales charge, I agree to the later of Additional Information. more of the NexPoint funds	Although I am not obligat	ed, it is my intention to in	nvest within a 13-n
Account or Tax Identification Number	to be linked Account or	Tax Identification Number to be linked	Account or Tax Ident	ification Number to be linked
Account or Tax Identification Number	to be linked Account or	Tax Identification Number to be linked	Account or Tax Ident	ification Number to be linked
	to be linked Account or 7	Tax Identification Number to be linked	Account or Tax Ident	tification Number to be linked

In the event of the death of the Designated Beneficiary, the balance in the account shall be paid to the Primary Beneficiaries who survive in equal proportions (or in the specified proportions, if indicated). If any primary death beneficiary predeceases the Designated Beneficiary, his or her share is to be divided among the primary death beneficiaries who survive in the relative proportions assigned to each such surviving primary beneficiary. If none of the primary death beneficiaries survive the Designated Beneficiary, the balance in the account shall be paid to the secondary death beneficiaries who survive in equal proportions (or in the specified proportions, if indicated). I may change my beneficiaries at any time by giving written notice to the Custodian. If no beneficiary is designated, or if all beneficiaries predecease the Designated Beneficiary, the Account will pass to the Designated Beneficiary's residence).

they are made	e, unless	takes ap _j I instru	proximate ct otherw	ely 3 days ise in wri	ting.								
□ Please	invest \$_		based	on the In	vestment	Allocation	on choice	es made i	in Section	4 (minin	num \$25	per fund)	
□ Please	establish	n my aut	omatic in	vestment	plan as a	llocated l	below (n	ninimum	\$25 per f	und):			
Fund			\$										
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Frequenc	cy (if left	blank, th	ne plan wil	l be establ	ished for a	all months):						
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7. Trusted Contact Person Information (optional)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

First Name		Middle Name	Last Name
ddress			Apt/Suite No.
ity	State	ZIP Code	Country
Vork Phone	Home Phone	Mobile Phone	Email Address

8. Your Signature

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund, and the ESA Custodial Agreement and Disclosure Statement, and agree(s) to the respective terms of each. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

Taxpayer Identification Number Certification

As required by Federal law, I/we certify under penalties of perjury that:

- 1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
- 2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding, and
- ☐ (Check this box if you ARE subject to backup withholding)
- 3. I/we am/are a U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide the Fund with a completed Form W-8BEN).

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	Date
	1
Signature	Date

Signature Guarantee (if required):

If you are adding bank information to your account and there is no common ownership between the XXXXXXXXX account registration and the bank registration, a registered bank account owner must have his/her signature guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

The SVP Stamp is intended to provide a signature guarantee for those transactions considered non-financial in nature. The SVP Stamp on a document assures the signature on the document is genuine, the signer was known by or satisfactorily identified by the guarantor and the signer had the authority to sign the document. In the event the bank or financial institution does not offer the SVP Stamp, a Medallion Guarantee Stamp will be accepted.

The SVP Stamp and the Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are not acceptable. All bar-coded

guarantees must be legible. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation needs to be provided.

		_	
Signature	Date	Signature	Date
	SVP/MSG		SVP/MSG