



CGM FUNDS FORMER MINOR CERTIFICATION FORM-UTMA/UGMA

Use this form and the CGM Funds Account Application to re-register a Custodial account as an Individual Account.

1. ACCOUNT INFORMATION

Name of Former Minor	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address		Telephone Number
City	State	Zip Code
Fund Name(s)	Account Number(s)	

2. CERTIFICATION / SIGNATURE AND DECLARATION

By signing below, I certify under penalties and perjury that:

- (a) I am the beneficial owner of the assets contained in the account(s) listed above;
- (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me;
- (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age;
- (d) I have not already received equivalent gifts or transfer of money from the custodian that would reduce the value of the assets due to me in the custodial account(s);
- (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s);
- (f) I also certify that:
 - (1) I am a U.S. citizen, or resident alien;
 - (2) The social security number or taxpayer identification number (TIN) provided on this form is my correct TIN,
 - (3) I am not subject to backup withholding because
 - I am exempt from backup withholding OR
 - 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
 - The IRS has notified me that I am no longer subject to backup withholding.

Strike out Item (3) above if you have been notified that you are subject to backup withholding.

The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Former Minor

Date

3. SIGNATURE NOTARIZED BY:

State of _____

County of _____

This instrument was signed and acknowledged before me on _____

By _____

Print name of signer

Notary Signature _____

Notary Public _____

My Commission Expires _____

Seal/Stamp

QUESTIONS? CALL 800-345-4048

Return this form to: The CGM Funds, c/o DST Asset Manager Solutions, Inc., P.O. Box 8511, Boston, MA 02266-8511
For overnight delivery, mail to: The CGM Funds, c/o DST Asset Manager Solutions, Inc., 30 Dan Rd., Canton, MA 02021-2809

Instructions and transaction requests by facsimile or email are not accepted.



CGM FUNDS CHANGE OF CUSTODIAN FORM-UTMA/UGMA

Use this form if you are the custodian resigning assets to the minor or to remove and appoint a successor custodian.

1. ACCOUNT INFORMATION

Name of Custodian	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address	Social Security Number	
City	State	Telephone Number
Fund Name(s)	Zip Code	
	Account Number(s)	

2. REASON FOR CHANGE – Please check one

- Current Custodian living *– Minor has reached age of majority- *New Account application from Former Minor is attached.*
- Current Custodian living *– Resign and appoint successor custodian – *New Account Application from Successor Custodian is attached.*
- Current Custodian deceased- Appoint successor custodian – *Death certificate and New Account Application from Successor Custodian is attached. Successor Custodian not required if former minor has reached the age at which custodianship terminates under state law.*

* Notarized signature of Current Custodian required below

3. SUCCESSOR CUSTODIAN- Complete only if appointing Successor Custodian *

*Notarized signature of Successor Custodian required below

Name of Successor Custodian	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address	Social Security Number	
City	State	Telephone Number
Fund Name(s)	Zip Code	
	Account Number(s)	

4. SIGNATURE OF CUSTODIAN

Signature of Current Custodian	Date
Signature of Successor Custodian (if applicable)	Date

5. SIGNATURE NOTARIZED BY:

State of _____

County of _____

This instrument was signed and acknowledged before me on _____

By _____

Print name of signer(s)

Notary Signature _____

Notary Public _____

My Commission Expires _____

Seal/Stamp

QUESTIONS? CALL 800-345-4048

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