

ESA TRANSFER REQUEST

This form must be completed by the Responsible Individual of the current Coverdell ESA who is requesting the transfer.

PART 1. RECIPIENT

Designated beneficiary receiving the transfer

Name (First/MI/Last) _____
Date of Birth _____
Account Number _____ Suffix _____

PART 2. ACCEPTING COVERDELL ESA TRUSTEE OR CUSTODIAN

To be completed by the Coverdell ESA trustee or custodian receiving the assets

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____ Organization Number _____
Contact Name _____

PART 3. CURRENT DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
Social Security Number _____
Account Number _____ Suffix _____
Responsible Individual Name _____
Responsible Individual Phone _____

PART 4. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

One-Time Transfer

Transfer Amount _____ Transfer Date _____

Entire Coverdell ESA Balance This Transfer Will Close the Current Coverdell ESA

Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* Monthly Quarterly Semi-Annually Annually Other _____

MAKE PAYABLE TO

_____ as Trustee or Custodian of _____ Coverdell ESA
Name of Accepting Coverdell ESA Trustee or Custodian Name of Recipient

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 6. SIGNATURES

I certify that I am the proper party to authorize the transfer of these Coverdell ESA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

X _____
Signature of Responsible Individual

Date (mm/dd/yyyy)

X _____
Notary Public/Signature Guarantee *(If required by the trustee or custodian)*

Date (mm/dd/yyyy)

X _____
Authorized Signature of Accepting Trustee or Custodian

Date (mm/dd/yyyy)