

Coverdell ESA Adoption Agreement

This Adoption Agreement may only be used in conjunction with the Coverdell ESA plan document stipulated by the Custodian. A New Account Application must accompany this form to establish a new ESA Account. For specific beneficiary provisions, please refer to the applicable sections of the plan agreement and the disclosure statement.

ACCOUNT INFORMATION - REQUIRED Axos Clearing LLC, custodian for the ESA of:

Designated Beneficiary (Name of this account)				Account Number	
Responsible Individual Name:			SSN:		
Address			City/State/ZIP		
Phone	Relationship to Designated Beneficiary		Email		
DESIGNATION OF BENEFICIARY					
I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.					
<input type="radio"/> Primary <input type="radio"/> Contingent Share %	Beneficiary's Name		Social Security Number/Tax ID		Date of Birth
	Relationship	Address			
<input type="radio"/> Primary <input type="radio"/> Contingent Share %	Beneficiary's Name		Social Security Number/Tax ID		Date of Birth
	Relationship	Address			
<input type="radio"/> Primary <input type="radio"/> Contingent Share %	Beneficiary's Name		Social Security Number/Tax ID		Date of Birth
	Relationship	Address			
SUCCESSOR RESPONSIBLE INDIVIDUAL					
<input type="checkbox"/> No successor responsible individual will be named at this time. The responsible individual may designate a successor responsible individual later.					
Name		SSN		Relationship to Designated Beneficiary	
Address				City/State/ZIP	
Phone		Email			
Elections: <i>(Select an answer to each of the following questions. If a box is not checked for a question, "No" will apply.)</i>					
<input type="radio"/> Yes <input type="radio"/> No Will the responsible individual continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until all assets have been distributed from the custodial account and the custodial account terminates? <i>(See Article V of the agreement for additional information).</i>					
If the responsible individual becomes incapacitated or dies after the designated beneficiary reaches the age of majority under state laws, the responsible individual shall be the designated beneficiary.					
<input type="radio"/> Yes <input type="radio"/> No May the responsible individual change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Code section 529(e)(2) in accordance with the custodian's procedures?					
SIGNATURES – IMPORTANT PLEASE READ BEFORE SIGNING					
The depositor and responsible individual have received a copy of the Coverdell ESA Application, the 5305-EA Coverdell ESA Custodial Account Agreement, and the Disclosure Statement. The depositor and responsible individual understand that the terms and conditions that apply to this Coverdell ESA are contained in this Application and the Coverdell ESA Custodial Account Agreement, and agree to be bound by those terms and conditions.					
The depositor assumes responsibility for determining that he or she is eligible to make this contribution and that the contribution is within the limits set forth by the tax laws.					
The responsible individual assumes responsibility for; 1) ensuring that all future contributions are within the limits set forth by the tax laws, 2) certifying that he or she is qualified to assume the responsibilities of the responsible individual as set forth in the Coverdell ESA Custodial Account Agreement, and 3) managing and administering the Coverdell ESA and authorizing transactions involving contributions (including rollover contributions) and distributions.					
Signature of Coverdell ESA Depositor x		Print Name		Date (mm/dd/yyyy)	
Signature of Coverdell ESA Responsible Individual x		Print Name		Date (mm/dd/yyyy)	

Mail completed form(s) to: York Securities, 160 Broadway, Floor 7E, New York NY 10038.