# COVERDELL EDUCATION SAVINGS ACCOUNT
# WITHDRAWAL STATEMENT

| DESIGNATED BENEFICIARY'S NAME AND ADDRESS | ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS |
|---|---|
| | |

| Social Security Number | Date of Birth | Home Phone | ESA Account Identification | Trustee's or Custodian's Phone Number |
|---|---|---|---|---|
| | | | | |

## PAYMENT INSTRUCTIONS

*Until I give the Trustee or Custodian written instructions to the contrary, I direct the Trustee or Custodian to distribute the amount requested as follows.*

Please pay ☐ all ☐ part of the ESA identified above in the following manner.

This is a ☐ one-time request or
☐ standing request to pay the amount elected:
☐ bi-weekly ☐ monthly ☐ quarterly ☐ annually
☐ other: _____

Please make a payment from the ESA identified above to:

(Name of Recipient)

(Address of Recipient)

Is the recipient the ESA Designated Beneficiary? ☐ Yes ☐ No

## DISTRIBUTION REASON

*I direct the Trustee or Custodian to make a distribution from the ESA for the following reason.*

☐ Transfer (**NOTE:** *Transfer is reportable to the IRS.*)
☐ Disability
☐ Death
☐ Excess Contribution Removal*
☐ Prohibited Transaction
☐ General Distribution

***If Excess Contribution Removal was selected, please answer the following questions.**

Is the excess contribution being removed on or before May 31 of the year following the year for which the contribution was made?

☐ No *(Use Code 1.)*
☐ Yes *(Complete the following to determine the appropriate Code.)*
Was the excess contribution made during the prior year? ☐ Yes *(Use Code 3.)* ☐ No *(Use Code 2.)*

## FINANCIAL INFORMATION

| Investment Number Or Certificate | Interest In Current Year (Or On Excess) | Gross Cash Distributed | Institution Penalties (Specify CD Or Fee) | Net Cash Distributed |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| | | | | |
| | | | | |
| | | | | |
| **TOTALS** | $ | $ | $ | $ |

## BASIS AND EARNINGS INFORMATION (To be completed by Trustee or Custodian.) *Choose one:*

**OPTION 1.** ☐ Of the total Net Cash Distributed (as shown above), the distribution consists of the following:
Basis $ _____
Earnings $ _____

**OPTION 2 .** ☐ The Trustee or Custodian has provided ESA Basis and Earnings on a separate form.

**NOTE:** *If Transfer was checked above, the IRS 1099-Q instructions state that the distributing ESA Trustee or Custodian is required to provide the receiving ESA Trustee or Custodian with a statement reporting the earnings portion of the distribution within 30 days of the distribution or by January 10th, whichever is earlier.*

## SIGNATURES

I certify that I am the proper party to authorize payment(s) from this Coverdell Education Savings Account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

(ESA Responsible Individual) (Date)

(Notary Public/Signature Guarantee) (Date)

PF10064 03/23/2010 (Authorized Signature of Trustee or Custodian) (Date)


©2003 BISYS Retirement Services