

COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION REQUEST

(PLEASE READ THE ATTACHED INSTRUCTIONS)

I. Designated Beneficiary's Account Information (Complete all sections)

Name (please print):

Account Number:

Social Security Number: - -

Date of Birth: / /

II. Type of Distribution (Select one)

- Transfer (NOTE: Transfer is reportable to the IRS)
- Disability
- General Distribution
- Excess Contribution Removal

Was the excess contribution made during the prior year?

- Yes No

Tax year for which the excess contribution was made:

I am requesting this return of excess contribution:

- Before tax filing deadline After tax filing deadline

III. Distribution Method (Select one distribution method)

A.) ONE-TIME DISTRIBUTION

1.) Payment in the amount of:

\$

2.) Distribution of securities (Indicate symbol/cusip and quantity)

SYMBOL / CUSIP	QUANTITY

B.) SCHEDULED DISTRIBUTION (Complete applicable items)

1.) Select one:

- New Request Change of Instruction

2.) Frequency (Select one):

- Monthly Quarterly Annually Weekly Bi-Weekly

Beginning: _____ / _____ / _____

3.) Amount:

\$ -OR- Dividends and Interest

C.) TOTAL ACCOUNT DISTRIBUTION (account will be closed)

IV. DELIVERY INSTRUCTIONS (Select applicable items)

- Address of Record
- Alternative Payee or Alternate Address (complete all sections):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

(Notary Public/Signature Guarantee required if check is made payable to alternative payee)

To the following Pension account:

Account Number: _____

Overnight Delivery (Fees will be assessed)

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Special Payment Instructions:

Federal Fund Wire (Fees will be assessed):

ABA Number: _____

Bank Name: _____
City, State: _____
Account Number: _____
For the benefit of: _____
Type of IRA account receiving: _____
Account Number: _____
Further credit to: _____
Account Number: _____

V. SIGNATURE (This request can not be processed without the ESA Responsible Party's signature.)

I certify that I am the proper party to receive payment(s) from this Coverdell Education Savings Account and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawal on page 3 of this form and agree to abide by those rules and conditions. 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)

(Broker Approval Signature) (Date)

(Notary Public Seal or Signature Guarantee Box)