

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)