

**WITHDRAWAL AUTHORIZATION**

*This form is to be completed by the Coverdell ESA responsible individual or death beneficiary.  
Refer to page 2 for reporting information.*

**PART 1. DESIGNATED BENEFICIARY**

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Account Number \_\_\_\_\_ Suffix \_\_\_\_\_  
 Responsible Individual Name \_\_\_\_\_

**PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN**

*To be completed by the Coverdell ESA trustee or custodian*

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Organization Number \_\_\_\_\_

**PART 3. DEATH BENEFICIARY INFORMATION**

*This section should only be completed by a death beneficiary taking a withdrawal due to the death of the original designated beneficiary.*

Name (First/MI/Last) \_\_\_\_\_ Address Line 1 \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

**PART 4. WITHDRAWAL INFORMATION**

Total Withdrawal Amount \_\_\_\_\_ Withdrawal Date \_\_\_\_\_  This Withdrawal Will Close This Coverdell ESA

The total withdrawal amount consists of the following. Basis \$ \_\_\_\_\_ Earnings \$ \_\_\_\_\_

**WITHDRAWAL REASON (Select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Transfer to Another Coverdell ESA<br><input type="checkbox"/> The designated beneficiary of the account receiving these assets is not the current designated beneficiary. | <input type="checkbox"/> 5. Prohibited Transaction   |
| <input type="checkbox"/> 2. Normal Withdrawal   | <input type="checkbox"/> 6. Excess Contribution Removed Before the Excess Removal Deadline<br>(Enter the net income attributable to the excess and select a or b)<br>Net Income Attributable _____ |
| <input type="checkbox"/> 3. Disability  | <input type="checkbox"/> a. Excess Contributed and Removed in the Same Year  |
| <input type="checkbox"/> 4. Death Withdrawal by a Death Beneficiary   | <input type="checkbox"/> b. Excess Contributed in One Year and Removed in the Next Year  |

**PART 5. WITHDRAWAL INSTRUCTIONS**

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

Asset Description	Amount to be Withdrawn	Special Instructions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

**PAYMENT METHOD**

- Cash**
- Check** (If the withdrawal reason is transfer to another Coverdell ESA, the check must be made payable to the receiving organization.)  
 Make payable to \_\_\_\_\_
- Internal Account**  
 Account Number \_\_\_\_\_ Type (e.g., checking, savings, Coverdell ESA) \_\_\_\_\_
- External Account** (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  
 Name of Organization Receiving the Assets \_\_\_\_\_ Routing Number (Optional) \_\_\_\_\_  
 Account Number \_\_\_\_\_ Type (e.g., checking, savings, Coverdell ESA) \_\_\_\_\_

**PART 6. SIGNATURES**

I certify that I am the proper party to authorize payments from this Coverdell ESA and that all information provided by me is true and accurate. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

**X** \_\_\_\_\_  
 Signature of Responsible Individual or Death Beneficiary Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Authorized Signature of Trustee or Custodian Date (mm/dd/yyyy)

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## REPORTING INFORMATION APPLICABLE TO COVERDELL ESA WITHDRAWALS

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The Coverdell ESA responsible individual or death beneficiary must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Education*, for more information. This publication is available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM.

### WITHDRAWAL REASON

Coverdell ESA assets can be withdrawn at any time. All Coverdell ESA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-Q, *Payments From Qualified Education Programs (Under Sections 529 and 530)*.

**Transfer to Another Coverdell ESA.** Transfers to another Coverdell ESA are reported on Form 1099-Q using code 1. The distributing Coverdell ESA trustee or custodian is required to provide the receiving Coverdell ESA trustee or custodian with a statement reporting the earnings portion of the distribution within 30 days of the withdrawal or by January 10, whichever is earlier.

**Normal Withdrawal.** Normal withdrawals are reported on Form 1099-Q using code 1.

**Disability.** If the designated beneficiary is disabled, withdrawals are reported on Form 1099-Q using code 4.

**Death Withdrawal by a Death Beneficiary.** Withdrawals by death beneficiaries following the death of the original designated beneficiary are reported on Form 1099-Q using code 5.

**Prohibited Transaction.** Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-Q using code 6.

**Excess Contribution Removal.** Excess contributions removed before the excess removal deadline must include the net income attributable to the excess.

- If your excess contribution was contributed and removed in the same year, before the excess removal deadline, the withdrawal is reported on Form 1099-Q using code 3.
- If your excess contribution was contributed in one year and removed in the next year, before the excess removal deadline, the withdrawal is reported on Form 1099-Q using code 2.