

Please Print or Type

To: _____
Current Coverdell ESA Trustee or Custodian Mailing Address

_____ Mailing Address
Account Number at Current Institution City, State, ZIP

_____ Mailing Address
Name of Designated Beneficiary of Distributing ESA (First, Initial, Last) Social Security Number ESA Suffix

Please transfer the indicated amount from the Coverdell ESA you are maintaining on behalf of the Designated Beneficiary named above to the Coverdell ESA at my credit union. Make the check payable to the credit union named below and note on the check that it is for deposit to Account Number _____ at the receiving credit union.

IDENTIFYING INFORMATION

_____ Mailing Address
Name of Designated Beneficiary of Receiving ESA (First, Initial, Last) Credit Union Name

_____ Mailing Address
Social Security Number ESA Suffix CUID

_____ Mailing Address
Contact Person at Credit Union Credit Union Mailing Address
()
Phone City, State, ZIP

CREDIT UNION'S SIGNATURE

A Coverdell ESA has been established at our credit union to receive this transfer.

X _____
Credit Union's Signature Date (MM/DD/YYYY)

DETAILS OF TRANSFER

Amount **Date**
Transfer: Make this transfer:

1. \$ _____ 1. On _____
(MM/DD/YYYY)

2. The entire amount in the distributing Coverdell ESA and 2. Immediately
close the account.

3. At maturity

RESPONSIBLE INDIVIDUAL'S SIGNATURE

I certify that the information on this form is correct and that I am the proper party to authorize this withdrawal. I also certify that the Designated Beneficiary of the receiving ESA is either the Designated Beneficiary of the distributing ESA or is a member of his or her family as defined in IRC 529(e)(2), and the designated beneficiary has not attained age 30.

Name of Responsible Individual of Distributing ESA (PLEASE PRINT)

X _____
Signature of Responsible Individual of Distributing ESA Date (MM/DD/YYYY)