



DEATH BENEFICIARY DESIGNATION ADDENDUM

This form may only be used to supplement a Coverdell ESA application or Coverdell ESA death beneficiary designation form to name more death beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.

PART 1. COVERDELL ESA INFORMATION

COVERDELL ESA DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____ Suffix _____

FORM TYPE AND DATE (Select and attach the supplemented form)

Original Coverdell ESA Application
 Death Beneficiary Designation
Form Dated _____

PART 2. DEATH BENEFICIARY DESIGNATION

I designate the death beneficiaries named below, in addition to the death beneficiaries named on the attached form, as death beneficiaries of this Coverdell ESA. (The term relationship will be used below to mean the relationship to the designated beneficiary.)

PRIMARY DEATH BENEFICIARIES (The total percentage designated for all primary death beneficiaries for this Coverdell ESA must equal 100%.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT DEATH BENEFICIARIES (The total percentage designated for all contingent death beneficiaries for this Coverdell ESA must equal 100%.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

PART 3. SIGNATURES

I understand that I may replace death beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding the death beneficiary designations.

X _____
Signature of Coverdell ESA Responsible Individual

Date (mm/dd/yyyy)

X _____
Signature of Witness

Date (mm/dd/yyyy)

COVERDELL ESA TRUSTEE OR CUSTODIAN INFORMATION: Name _____, Organization Number _____