

Distribution

COVERDELL ESA

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish documenting the distribution from the account.

OWNER INFORMATION

Last Name First MI

Tax ID Date of Birth

Account Type Account Number
Coverdell ESA

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

DISTRIBUTION INFORMATION

☐ Distribute entire balance and close the account

Reason

For additional distribution reasons, contact your organization.

- ☐ Normal Distribution (Reason Code 1)
☐ Transfer to another ESA (same beneficiary) (Reason Code 1)
☐ Transfer to another ESA (different beneficiary) (Reason Code 1)

Date of Distribution Distribution Amount
\$

Distribution Method

- ☐ Cash
☐ Check payable to:
☐ Transfer to account #
at

Account Type:

- ☐ Coverdell ESA
☐ 529 Plan
☐ Non-education account (i.e., checking, savings)

DISTRIBUTION SUMMARY

Total Amount

Financial Organization
Penalties and Fees

Net Amount

INVESTMENT OPTIONS

Name	Investment Number	Amount to Distribute	Penalty/Fee Amount

SIGNATURE

By signing this **Distribution** document, I certify that the information I have provided is true and correct, and I authorize the Trustee to distribute this Coverdell ESA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee harmless from any consequences related to executing my instructions. I have not received any legal or tax advice from the Trustee and any assistance provided by the Trustee is not to be construed as such.

Print Responsible Individual Name

Responsible Individual Signature

Date

Print Trustee Representative Name

Trustee Representative Signature

Date