

COVERDELL**ESA****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) _____

Social Security Number _____

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. RELATIONSHIP OF RECIPIENT TO CURRENT DESIGNATED BENEFICIARY**RELATIONSHIP TYPE** (Select one)

I am the current designated beneficiary.
 I am a qualified family member of the current designated beneficiary.
 I am the former spouse of the current designated beneficiary.

PART 4. CURRENT COVERDELL ESA INFORMATION**CURRENT DESIGNATED BENEFICIARY**

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

Responsible Individual Name _____

Responsible Individual Phone _____

CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 5. TRANSFER INSTRUCTIONS**TRANSFER OPTIONS** (Select and complete one option) **Option 1: One-Time Transfer**

Transfer Date _____

Transfer Amount (Select one)

Entire Coverdell ESA Balance
 (Estimated transfer amount \$ _____)
 This Transfer Will Close the Current Coverdell ESA
 Specific Amount \$ _____
 _____ % (less than 100%) of Current Coverdell ESA Balance
 (Estimated transfer amount \$ _____)

 Option 2: Recurring Transfer

Transfer Start Date _____

Frequency (Select one)

Monthly Quarterly Semi-Annually Annually
 Other _____

Transfer Amount (Select one)

Specific Amount \$ _____
 _____ % of Current Coverdell ESA Balance

MAKE PAYABLE TOas 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

ADDITIONAL INSTRUCTIONS (To be completed by the Coverdell ESA trustee or custodian receiving the assets.)

Name of Recipient _____, Account Number _____

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 _____ Date (mm/dd/yyyy)
Signature of Responsible Individual

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

X _____ Date (mm/dd/yyyy)
Authorized Signature of Accepting Trustee or Custodian

CONTRIBUTION SUMMARY

This section is for optional, internal use by the accepting trustee or custodian to summarize the receipt and contribution of the assets that were requested on this form.

Amount Received _____

Contribution Date _____

Deposit Made By _____