

COVERDELL**ESA****CONTRIBUTION AND INVESTMENT SELECTION****PART 1. DESIGNATED BENEFICIARY**

Name (First/MI/Last) _____

Social Security Number _____

Date of Birth _____

Account Number _____ Suffix _____

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. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one) **Regular** Contribution for Tax Year _____ **Rollover** (*Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA*)

By selecting this transaction, I irrevocably designate this contribution as a rollover.

 Transfer (*Direct movement of assets from a Coverdell ESA into this Coverdell ESA*)**CONTRIBUTOR INFORMATION**

Name (First/MI/Last) _____ Phone _____

PART 4. INVESTMENT AND DEPOSIT INFORMATION**INVESTMENT INFORMATION** (*This section may only be completed by the responsible individual. Complete this section as applicable.*)

Investment Description	Quantity or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Rate	Annual Percentage Yield (APY)

DEPOSIT METHOD **Cash or Check** (*If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this Coverdell ESA.*) **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 Sending the Assets _____ Routing Number (Optional) _____

Account Number _____ Type (e.g., checking, savings, Coverdell ESA) _____

Deposit Taken by _____

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the Coverdell ESA and I authorize the deposit to be invested in the manner described above.

X

Signature of Coverdell ESA Contributor/Responsible Individual

Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO COVERDELL ESA CONTRIBUTIONS

Coverdell ESA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Higher Education*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount that may be contributed to a Coverdell ESA for any tax year cannot exceed the published annual limit.

- Contributions to a Coverdell ESA on behalf of a designated beneficiary can be made by anyone whose income does not exceed certain limits.
- Generally, regular contributions may be made to Coverdell ESAs for a designated beneficiary under 18 years of age.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from one Coverdell ESA to another Coverdell ESA.

- **Effective for distributions taken on or after January 1, 2015**, only one distribution from any of a designated beneficiary's Coverdell ESAs may be rolled over in a 12-month period, regardless of the number of Coverdell ESAs the designated beneficiary owns.
- A rollover generally must be completed within 60 days from the date the assets are received.
- Generally, assets may be rolled over to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.

TRANSFER

A transfer is a direct movement of assets from one Coverdell ESA to another Coverdell ESA.

- An unlimited number of transfers may be performed.
- Generally, assets may be transferred to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.