

# ESA REQUEST FOR DISTRIBUTION

\_\_\_\_\_  
Credit Union Name

## **DESIGNATED BENEFICIARY INFORMATION**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
ESA Account Number

## **RESPONSIBLE INDIVIDUAL INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## **DISTRIBUTION INFORMATION**

\_\_\_\_\_  
Qualified Education Expenses

\_\_\_\_\_  
Disability (of Designated Beneficiary)

\_\_\_\_\_  
Death (of Designated Beneficiary)

\_\_\_\_\_  
Removal (by May 31st of the year following the year for which the contribution was made) of contribution made for:  
\_\_\_\_\_  
current year? or \_\_\_\_\_ prior year?

\_\_\_\_\_  
Removal (after the May 31st deadline, described above) of excess contribution

\_\_\_\_\_  
Transfer in-house to another eligible Designated Beneficiary of this ESA

\_\_\_\_\_  
Other Reason \_\_\_\_\_

## **PAYMENT INSTRUCTIONS**

\_\_\_\_\_  
Partial payment of \$ \_\_\_\_\_

\_\_\_\_\_  
Entire balance of \$ \_\_\_\_\_ (to close the ESA)

\_\_\_\_\_  
Other \_\_\_\_\_

### Frequency

\_\_\_\_\_  
One-time    \_\_\_\_\_ Monthly    \_\_\_\_\_ Quarterly    \_\_\_\_\_ Annually    \_\_\_\_\_ Other

**Beginning Date:** \_\_\_\_\_

**Pay to:** \_\_\_\_\_ Responsible Individual

\_\_\_\_\_  
Designated Beneficiary

\_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

## **SIGNATURES**

I certify that the information provided by me on this form is true and accurate and may be relied upon by the Credit Union. I understand that this withdrawal may be subject to taxes, penalties and/or fees. I further certify that the Credit Union has not given me tax or legal advice. I assume the full responsibility for my decisions regarding this withdrawal and will not hold the Credit Union responsible for any adverse consequences that may arise from this transaction.

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Custodian

\_\_\_\_\_  
Date