

COVERDELL ESA ROLLOVER ELECTION

Credit Union Name

DESIGNATED BENEFICIARY INFORMATION

Child's Name

Social Security Number

Birth Date

Street Address

City

State

Zip

ESA Account Number

RESPONSIBLE INDIVIDUAL OF ESA INFORMATION

Name

Social Security Number

Phone Number

Street Address

City

State

Zip

ROLLOVER ELECTION

I hereby designate this contribution in the amount of \$ _____ as an eligible rollover contribution of Coverdell ESA funds.

SIGNATURES

I understand that in order for this rollover election to be eligible, the rollover transaction must be completed within 60 days from receiving the disbursement from the distributing ESA. I may only roll over funds from another ESA one time in a 365-day period (often referred to as the one-rollover-per-year-rule.) As the Responsible Individual for this ESA, I further understand that I am responsible for determining what amount, if any, of the disbursement is eligible to be rolled over. 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 further certify that the Credit Union has not given me tax or legal advice. I understand that I am responsible for my decisions regarding this transaction and will not hold the Credit Union responsible for any adverse consequences or penalties that may arise from this irrevocable rollover election.

Signature of Responsible Individual

Date

Authorized Signature of Custodian

Date