

COVERDELL ESA TRANSFER REQUEST

Credit Union Name

DESIGNATED BENEFICIARY INFORMATION

Child's Name

Social Security Number

Birth Date

Street Address

City

State

Zip

RESPONSIBLE INDIVIDUAL INFORMATION

Name

Social Security Number

Phone Number

Street Address

City

State

Zip

CURRENT ESA TRUSTEE/CUSTODIAN INFORMATION

Name of Financial Institution (Transferring From)

Street Address

City, State, Zip

ESA Account Number

TRANSFER INSTRUCTIONS TO CURRENT ESA TRUSTEE/CUSTODIAN

Please directly transfer the following ESA funds:

____ Entire balance

____ Only the balance in the following accounts: # _____, # _____, # _____

____ Other _____

Please complete the transfer (after liquidating the assets listed above):

____ immediately, ____ at maturity, or on: _____

Please make the check payable as follows: _____, successor trustee for benefit of
Credit Union Name

_____, Responsible Individual for ESA of
Responsible Individual's Name

Designated Beneficiary's Name

Please mail check to our address at: _____

Street Address

City, State, Zip

ACCEPTANCE

The Credit Union agrees to serve as the new trustee for the ESA account of the above-named individual and to deposit the funds into an IRS-approved ESA account.

SIGNATURES

I authorize the transfer of the ESA funds as described above and 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 transaction.

Signature of Responsible Individual

Date

Authorized Signature of Custodian

Date