

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) CONTRIBUTION

Credit Union Name

DESIGNATED BENEFICIARY INFORMATION

Child's Name

Social Security Number

Birth Date

Street Address

City, State, Zip

ESA Account Number

CONTRIBUTOR INFORMATION

Name

Street Address

City, State, Zip

Phone

CONTRIBUTION INFORMATION

Amount of Deposit \$ _____

Date of Deposit _____

Deposit Type:

_____ Regular

_____ Transfer

_____ Rollover

Tax Year:

_____ Current Year or _____ Prior Year (If made between January 1 and April 15, or tax return due date)

RESPONSIBLE INDIVIDUAL OF ESA INFORMATION

Name

Relationship

Social Security Number

SIGNATURES

I verify that the information provided by me on this form is true and accurate and may be relied upon by the Credit Union, as well as the Responsible Individual of this ESA. I further verify that the contribution is eligible to be contributed and that I assume full responsibility for this transaction. The Credit Union has not provided any legal or tax advise to me. I understand that the Responsible Individual of this ESA has full control of this account and that this contribution is a completed gift to a minor (in this case, the Designated Beneficiary).

Signature of Contributor

Date

Authorized Signature of Custodian

Date