

# 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. 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