

# 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:**

\_\_\_\_ 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