

COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

PART 1. DESIGNATED BENEFICIARY

The individual for whom this account is being established

Name (First/Mi/Last) _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Social Security Number _____

Date of Birth _____

Account Number _____

PART 3. GRANTOR

The individual establishing this account

Name (First/Mi/Last) _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Social Security Number _____

Date of Birth _____ Phone _____

PART 5. SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacity of the responsible individual while the designated beneficiary is a minor under state law, the individual named below is designated as the successor responsible individual.

- ☐ No successor responsible individual will be named at this time. The responsible individual may designate a successor responsible individual at a later date.

Name (First/Mi/Last) _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Social Security Number _____

Phone _____

Relationship to Designated Beneficiary _____

Email _____

PART 6. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- ☐
1. Regular

Contribution for Tax Year _____

- ☐
2. Rollover (Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA)

By selecting this transaction, I irrevocably designate this contribution as a rollover.

- ☐
3. Transfer (Direct movement of assets from a Coverdell ESA into this Coverdell ESA)

PART 2. COVERDELL ESA TRUSTEE

To be completed by the Coverdell ESA trustee

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____ Organization Number _____

- ☐
- This is an amendment to an existing Coverdell ESA.

- ☐
- This Coverdell ESA contains managed investments as described in the Trustee Management of Investment section of the agreement.

PART 4. RESPONSIBLE INDIVIDUAL

The individual responsible for managing this account

Name (First/Mi/Last) _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Social Security Number _____

Phone _____

Relationship to Designated Beneficiary _____

Email _____

ELECTIONS (Select an answer to each of the following questions. If a box is not checked for a question, "No" will apply.)

- ☐ Yes ☐ No Will the responsible individual continue to serve as the responsible individual for the trust after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the trust and the trust terminates? (See Article V of the agreement for additional information.)

If the responsible individual becomes incapacitated or dies after the designated beneficiary reaches the age of majority under state law, the responsible individual shall be the designated beneficiary.

- ☐ Yes ☐ No May the responsible individual change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Code section 529(e)(2) in accordance with the trustee's procedures?