



CONTRIBUTION AND INVESTMENT SELECTION

PART 1. DESIGNATED BENEFICIARY

Name (Print/Full) _____
 Social Security Number _____
 Date of Birth _____
 Account Number _____ Title _____

PART 2. CONTROLLEESA TRUSTEE OR CUSTODIAN

To be completed by the ControlleESA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. CONTRIBUTION FROM CHARITABLE ORG.

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- ☐ **a. Regular** Contribution for Tax Year _____
☐ **b. Rollover** (Contribution from a ControlleESA that is being deposited into this ControlleESA)
 By selecting this transaction, I irrevocably designate this contribution as a rollover.
☐ **c. Transfer** (Direct movement of assets from a ControlleESA into this ControlleESA)

CONTRIBUTOR INFORMATION

Name (Print/Full) _____ Phone _____

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (This section may only be completed by the responsible individual. Complete this section as applicable.)

Investment Description	Identifying or Account	Value (price or rating)	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEPOSIT METHOD

- ☐ **Cash or Check** (If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for the ControlleESA.)
☐ **Internal Account**
 Account Number _____ Type (e.g., checking, savings, ControlleESA) _____
☐ **External Account (e.g., 401, 403a, etc.)**
 Name of Organization Sending the Funds _____ Routing Number (optional) _____
 Account Number _____ Type (e.g., checking, savings, ControlleESA) _____
 Deposit Taken by _____

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the ControlleESA and I authorize the deposit/investment in the manner described above.

R _____
 Signature of contributor/transferor/transferable individual Date (month/year)