

PART 1. DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____
 Account Number _____ Suffix _____

PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN*To be completed by the Coverdell ESA trustee or custodian*

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

PART 3. 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)*

CONTRIBUTOR INFORMATION

Name (First/MI/Last) _____ 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	Quantity or Amount	Status <i>(new or existing)</i>	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 this Coverdell ESA.)*
- Internal Account**
 Account Number _____ Type *(e.g., checking, savings, Coverdell ESA)* _____
- External Account** *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*
 Name of Organization Sending the Assets _____ Routing Number *(Optional)* _____
 Account Number _____ Type *(e.g., checking, savings, Coverdell ESA)* _____

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 Coverdell ESA and I authorize the deposit to be invested in the manner described above.

X _____
 Signature of Coverdell ESA Contributor/Responsible Individual

_____ Date *(mm/dd/yyyy)*

RULES AND CONDITIONS APPLICABLE TO COVERDELL ESA CONTRIBUTIONS

Coverdell ESA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Higher Education*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount that may be contributed to a Coverdell ESA for any tax year cannot exceed the published annual limit.

- Contributions to a Coverdell ESA on behalf of a designated beneficiary can be made by anyone whose income does not exceed certain limits.
- Generally, regular contributions may be made to Coverdell ESAs for a designated beneficiary under 18 years of age.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from one Coverdell ESA to another Coverdell ESA.

- **Effective for distributions taken on or after January 1, 2015**, only one distribution from any of a designated beneficiary's Coverdell ESAs may be rolled over in a 12-month period, regardless of the number of Coverdell ESAs the designated beneficiary owns.
- A rollover generally must be completed within 60 days from the date the assets are received.
- Generally, assets may be rolled over to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.

TRANSFER

A transfer is a direct movement of assets from one Coverdell ESA to another Coverdell ESA.

- An unlimited number of transfers may be performed.
- Generally, assets may be transferred to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.