CUNA MUTUAL GROUP

COVERDELL ESA
CONTRIBUTION DIRECTION (FORM 2515E)

Please Print or Type

____ ____ ____ ____ ____
CUID **(Credit Union will Complete)**

___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___ ___
Designated Beneficiary's Social Security Number ESA Suffix

Credit Union Name

Designated Beneficiary's Name (First, Initial, Last)

Account Number

CONTRIBUTOR INFORMATION

Contributor's Name (First, Initial, Last)

Contributor's Street Address

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Contributor's Social Security Number

Contributor's Address (City, State, ZIP Code)

GENERAL INFORMATION

A contribution made to a Coverdell ESA from January 1 through the tax return due date (usually April 15) can be treated either as a contribution for the current year or as a contribution for the preceding year.

We are required to report to the IRS how you want to treat each contribution made during this time period.

Please tell us the tax year to which your contribution applies by completing and signing this form.

Do not complete this form for direct transfers or rollover contributions.

CONTRIBUTION AMOUNT AND TAX YEAR

$ _____
Amount of Contribution

Tax Year to Which Contribution Applies (YYYY)

CONTRIBUTOR'S SIGNATURE

Contributor's signature is required for all contributions.

X _____
Contributor's Signature

Date (MM/DD/YYYY)

For Credit Union Use Only

Name of Credit Union Employee Who Took Deposit

Date of Deposit (MM/DD/YYYY

WHITE-ADMINISTRATOR COPY **CANARY-CREDIT UNION COPY** **PINK-RESPONSIBLE INDIVIDUAL COPY**

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