



Please Print or Type

To: Current Coverdell ESA Trustee or Custodian Mailing Address
Account Number at Current Institution City, State, ZIP
Name of Designated Beneficiary of Distributing ESA (First, Initial, Last) Social Security Number ESA Suffix

Please transfer the indicated amount from the Coverdell ESA you are maintaining on behalf of the Designated Beneficiary named above to the Coverdell ESA at my credit union. Make the check payable to the credit union named below and note on the check that it is for deposit to Account Number at the receiving credit union.

IDENTIFYING INFORMATION

Name of Designated Beneficiary of Receiving ESA (First, Initial, Last) Credit Union Name
Social Security Number ESA Suffix CUID
Contact Person at Credit Union Credit Union Mailing Address
Phone City, State, ZIP

CREDIT UNION'S SIGNATURE

A Coverdell ESA has been established at our credit union to receive this transfer.

X Credit Union's Signature Date (MM/DD/YYYY)

DETAILS OF TRANSFER

Amount Transfer: 1. \$ 2. The entire amount in the distributing Coverdell ESA and close the account.
Date Make this transfer: 1. On (MM/DD/YYYY) 2. Immediately 3. At maturity

RESPONSIBLE INDIVIDUAL'S SIGNATURE

I certify that the information on this form is correct and that I am the proper party to authorize this withdrawal. I also certify that the Designated Beneficiary of the receiving ESA is either the Designated Beneficiary of the distributing ESA or is a member of his or her family as defined in IRC 529(e)(2), and the designated beneficiary has not attained age 30.

Name of Responsible Individual of Distributing ESA (PLEASE PRINT)

X Signature of Responsible Individual of Distributing ESA Date (MM/DD/YYYY)

WHITE-CURRENT ESA TRUSTEE OR CUSTODIAN COPY CANARY-CREDIT UNION COPY
PINK-RESPONSIBLE INDIVIDUAL COPY