

COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION FORM

SECTION 1: Responsible Party

Parent or Guardian of the Designated Beneficiary

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

Relationship to Designated Beneficiary

SECTION 2: Designated Beneficiary

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

Beneficiary's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 3 : Reason for Distribution

A reason must be identified for the withdrawal.

Distribution for a Qualified Education Expense

This distribution is being used for the qualified education expenses of the Designated Beneficiary.

Distribution Not Used for Education Expenses

Permanent Disability of the Designated Beneficiary within the meaning of section 72(m)(7) of the Internal Revenue Code.

Death: You are the Beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.

Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? _____

Removal of excess contribution after deadline. In which tax year was the contribution made? _____

This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

Age 30 attained by Designated Beneficiary.

SECTION 4: Distribution Amount

If withdrawing from multiple funds, one form per Fund is required.

Fund Name

Share Class

Account Number

I am withdrawing the total value of the Fund. I am making a partial withdrawal from this Fund. \$ _____

Amount

SECTION 5: Payee Account Owner Beneficiary

Name _____ Social Security Number _____

 3rd Party*

Name _____ Social Security Number _____

SECTION 6: Payment Instructions Mail a check to my address of record. Mail a check to an alternate address.*

*Address _____ City, State, Zip Code _____

 Purchase into an existing non-retirement mutual fund account #: _____

Account Number

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
Total			\$ _____		100	%

 Purchase into a new non-retirement mutual fund account (include a completed new account application) Send by ACH Transfer or Wire Transfer to my existing bank instructions on file. Send by ACH Transfer or Wire Transfer to my new bank instructions listed in Section 7.** A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record.**SECTION 7: Bank Information**

Account type:

 Checking Savings

Name on Bank Account _____ Bank Name _____

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) _____ Bank Account Number (Second set of numbers at the bottom of check or deposit slip) _____

Please attach a voided check or savings deposit slip from the specified bank account.■ Adding/changing bank information requires a **Medallion Signature Guarantee**. Please see Section 9.

I authorize Index Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Index Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Index Funds. The termination request will be effective as soon as Index Funds has had reasonable time to act upon it.

SECTION 8: Signatures

I authorize Index Funds to make the changes indicated to my account.

I authorize Index Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Index Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Responsible Individual's Signature _____ Date (MM/DD/YY) _____

