

# ESA TRANSFER REQUEST

*This form must be completed by the Responsible Individual of the current Coverdell ESA who is requesting the transfer.*

**PART 1. RECIPIENT**

*Designated beneficiary receiving the transfer*

Name (First/MI/Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

**PART 2. ACCEPTING COVERDELL ESA TRUSTEE OR CUSTODIAN**

*To be completed by the Coverdell ESA trustee or custodian receiving the assets*

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Organization Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

**PART 3. CURRENT DESIGNATED BENEFICIARY**

Name (First/MI/Last) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_  
Responsible Individual Name \_\_\_\_\_  
Responsible Individual Phone \_\_\_\_\_

**PART 4. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN**

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

**PART 5. TRANSFER INSTRUCTIONS**

**TRANSFER OPTIONS** *(Select one)*

**One-Time Transfer**

Transfer Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

Entire Coverdell ESA Balance  This Transfer Will Close the Current Coverdell ESA

**Recurring Transfer**

Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

Frequency *(Select one)*  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

**MAKE PAYABLE TO**

\_\_\_\_\_ as  Trustee or  Custodian of \_\_\_\_\_ Coverdell ESA  
Name of Accepting Coverdell ESA Trustee or Custodian Name of Recipient

**ASSET HANDLING** *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART 6. SIGNATURES**

I certify that I am the proper party to authorize the transfer of these Coverdell ESA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

**X** \_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Notary Public/Signature Guarantee *(If required by the trustee or custodian)*

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Authorized Signature of Accepting Trustee or Custodian

\_\_\_\_\_  
Date (mm/dd/yyyy)