

PART 1. DESIGNATED BENEFICIARY*The individual for whom this account is being established*

Name (First/MI/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Social Security Number _____
 Date of Birth _____
 Account Number _____

PART 3. DEPOSITOR*The individual establishing this account*

Name (First/MI/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Social Security Number _____
 Date of Birth _____ Phone _____

PART 5. SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacity of the responsible individual while the designated beneficiary is a minor under state law, the individual named below is designated as the successor responsible individual.

No successor responsible individual will be named at this time. The responsible individual may designate a successor responsible individual at a later date.

Name (First/MI/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Social Security Number _____
 Phone _____
 Relationship to Designated Beneficiary _____
 Email _____

PART 6. 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)**PART 2. COVERDELL ESA CUSTODIAN***To be completed by the Coverdell ESA custodian*

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

 This is an amendment to an existing Coverdell ESA.**PART 4. RESPONSIBLE INDIVIDUAL***The individual responsible for managing this account*

Name (First/MI/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Social Security Number _____
 Phone _____
 Relationship to Designated Beneficiary _____
 Email _____

ELECTIONS (Select an answer to each of the following questions. If a box is not checked for a question, "No" will apply.)

Yes **No** Will the responsible individual continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates? (See Article V of the agreement for additional information.)

If the responsible individual becomes incapacitated or dies after the designated beneficiary reaches the age of majority under state law, the responsible individual shall be the designated beneficiary.

Yes **No** May the responsible individual change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Code section 529(e)(2) in accordance with the custodian's procedures?

Name of Coverdell ESA Designated Beneficiary _____, Account Number _____

PART 7. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	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 custodian 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 8. DEATH BENEFICIARY DESIGNATION

Upon the designated beneficiary's death, the assets in this account will be paid to the death beneficiaries named below. The interest of any death beneficiary that predeceases the designated beneficiary terminates completely. If all primary death beneficiaries predecease the designated beneficiary, the balance in the account will be payable to the contingent death beneficiaries. If no death beneficiaries are named, the designated beneficiary's estate will be the death beneficiary.

No death beneficiaries are designated at this time. The responsible individual may designate death beneficiaries at a later date.

PRIMARY DEATH BENEFICIARY

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship to Designated Beneficiary _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

(The total percentage designated must equal 100%. If more than one death beneficiary is designated and no percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the Coverdell ESA.)

CONTINGENT DEATH BENEFICIARY

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship to Designated Beneficiary _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

(The total percentage designated must equal 100%. If more than one death beneficiary is designated and no percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the Coverdell ESA.)

Check here if additional death beneficiaries are listed on an attached addendum. Total number of addendums attached to this Coverdell ESA _____

PART 9. SIGNATURES

Important: Please read before signing.

The depositor and responsible individual have received a copy of the Coverdell ESA Application, the 5305-EA Coverdell ESA Custodial Account Agreement, and the Disclosure Statement. The depositor and responsible individual understand that the terms and conditions that apply to this Coverdell ESA are contained in this Application and the Coverdell ESA Custodial Account Agreement, and agree to be bound by those terms and conditions.

The depositor assumes responsibility for determining that he or she is eligible to make this contribution and that the contribution is within the limits set forth by the tax laws.

The responsible individual assumes responsibility for

- ensuring that all future contributions are within the limits set forth by the tax laws,
- certifying that he or she is qualified to assume the responsibilities of the responsible individual as set forth in the Coverdell ESA Custodial Account Agreement, and
- managing and administering the Coverdell ESA and authorizing transactions involving contributions (including rollover contributions) and distributions.

X _____
Signature of Coverdell ESA Depositor

_____ Date *(mm/dd/yyyy)*

X _____
Signature of Witness

_____ Date *(mm/dd/yyyy)*

X _____
Signature of Coverdell ESA Responsible Individual

_____ Date *(mm/dd/yyyy)*

X _____
Signature of Custodian

_____ Date *(mm/dd/yyyy)*