

COVERDELL ESA DISTRIBUTION REQUEST FORM



Use this Coverdell ESA Distribution Request Form to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-470-1029.

PART I: DESIGNATED BENEFICIARY INFORMATION (Generally the Student) (*DENOTES REQUIRED INFORMATION)

Minor's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
Minor's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____
Daytime Phone* _____ ESA Account/Plan Number* _____

PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)

Responsible Individual's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
Responsible Individual's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____
Daytime Phone* _____ Evening Phone _____

PART III: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

Qualified Education Expenses of the Designated Beneficiary

Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)

Death -Death Beneficiary's Name: _____ Taxpayer ID Number: _____

-Residence Address: _____

-Primary Phone: _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made?: Current Year Prior Year

Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART IV: DISTRIBUTION INSTRUCTIONS

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

I wish to set up systematic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

*Note: Systematic withdrawals, once initiated, will continue indefinitely until canceled.

Name of Investment	Withdrawal Amount or %
1. Appleseed Fund	\$ _____ or _____ %

PART V: PAYMENT INSTRUCTIONS

** Denotes that a New Technology Medallion Signature Guarantee Stamp is required.

By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to: _____

Mail check to an address other than the one on the account (Provide address below)**

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

PART V: PAYMENT INSTRUCTIONS-CONTINUED

Send to My Bank- I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my IRA **OR** Bank Account Information below **

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

Bank instructions already established for my IRA **OR** Bank Account Information below **

Attach a voided check for your bank account.

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS MEMO _____		

Enter your checking or savings account information:

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

*** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *Coverdell ESA Distribution Request Form*, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibilities for any consequences that may arise as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Responsible Individual's Signature: X _____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Applesed Fund
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Applesed Fund
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208