
Name of Financial Organization**CHILD/STUDENT (DESIGNATED BENEFICIARY) INFORMATION**_____
Name Account Number Social Security Number Date of Birth_____
Address City, State, Zip**RESPONSIBLE INDIVIDUAL INFORMATION**_____
Name Social Security Number Daytime Phone Number**TYPE OF DISTRIBUTION**

- Qualified/Non-qualified (No other type applies)
- Disability of Designated Beneficiary
- Death of Designated Beneficiary
- Return, by deadline, of contribution plus net income attributable made in current prior year
- Return, after deadline, of excess contribution
- Transfer to another ESA or a qualified tuition program (section 529) (same Designated Beneficiary)
- Transfer to another ESA or a qualified tuition program (section 529) (different Designated Beneficiary - family member of current Designated Beneficiary)
- Divorce — transfer to ESA or a qualified tuition program (section 529) of spouse or former spouse, under a decree of divorce or legal separation

PAYMENT ELECTION & METHOD

- Total Balance (to close ESA) Amount \$ _____
- Partial Payment of \$ _____
- Return of Contribution — Amount \$ _____, plus net income attributable of \$ _____ (if applicable)
- Other _____

Frequency: Monthly Quarterly Annually Other _____ First Payment Date: _____ Amount: _____

(To set up a systematic withdrawal, your account must have a minimum of \$10,000 in shares and the minimum amount for a systematic withdrawals is \$100.)

Funds Disposition: Mail to Recipient ACH Fed Wire OtherPayable To: Responsible Individual Beneficiary Successor Trustee/Custodian Other_____
Name Social Security Number_____
Address City, State, ZIP**SIGNATURES**

I certify that I am the Responsible Individual for this ESA. I also certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I understand that this transaction may be subject to fees, taxes, and/or penalties. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of Responsible Individual_____
Date_____
Signature of Trustee/Custodian_____
Date