
 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 Other

 Payable 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