

Education Savings Account CONTRIBUTION

Name of Financial Organization

Deposit Information

_____ \$ _____ Account Number Amount of Deposit	Type of Deposit <input type="checkbox"/> Regular for 2008 Tax Year	<input type="checkbox"/> Rollover	<input type="checkbox"/> Transfer
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Contributor Information

_____	- -	- - ext.
Name	Social Security Number	Daytime Phone Number
_____	_____	
Address	City/State/Zip	

Child/Student (Designated Beneficiary) Information

_____	- -	- - ext.
Name	Social Security Number	Date of Birth
_____	_____	
Address	City/State/Zip	

Responsible Individual Information

_____	- -	- - ext.
Name	Social Security Number	Daytime Phone Number

Signatures

I 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 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. I acknowledge that this contribution is a completed gift to the Designated Beneficiary and that the Responsible Individual shall exercise all future control over this account.

Signature of Contributor

Date

Signature of Trustee/Custodian

Date

Office
Use Only