

Education Savings Account

REQUEST FOR DISTRIBUTION

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/Nonqualified (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

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

Payment Method

Frequency: Single Payment Other _____
 Payment Date: _____
 Funds Disposition: Give to Recipient Mail to Recipient Other _____
 Pay To: Responsible Individual
 Designated Beneficiary
 Successor Trustee/Custodian
 Other _____

 Name _____ Social Security Number/Tax ID _____
 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 Authorized Signature of Trustee/Custodian Date

Office
Use Only