

Education Savings Account TRANSFER REQUEST

Name of Financial Organization

Child/Student (Designated Beneficiary) Information

Name Social Security Number

Address Date of Birth

City/State/Zip

Responsible Individual Information

Name Social Security Number

ext.

Daytime Phone Number

Name and Address of Present Trustee/Custodian

Name

Address

City/State/Zip

Acceptance

By the authorized signature below, the receiving ESA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved ESA.

Transfer Authorization to Present ESA Trustee/Custodian

Please transfer the following ESA assets:

- the entire balance
 only the balance in these account(s): # _____ # _____ # _____
 other (specify) _____

Please transfer the assets immediately* at maturity on: _____*

* I understand that penalties for early withdrawal may apply. Date

Transfer to: _____, Trustee/Custodian for
Name of Receiving ESA Trustee/Custodian
_____, Responsible Individual for ESA of
Name of Responsible Individual
_____, ESA
Name of Designated Beneficiary

Transfer Method:

- Mail check to: _____
Address of Receiving ESA Trustee/Custodian

City/State/Zip

Attention
- Wire funds to: _____
Routing Number of Receiving ESA Trustee/Custodian Account Number

Account Title

Please return one copy of this form to the receiving ESA Trustee/Custodian.

NOTE: The transferring Trustee/Custodian must provide a statement reporting the earnings portion of the transfer within 30 days of the transfer or by January 10 of the following year, whichever is later.

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. Due to the important 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 Receiving IRA Trustee/Custodian Date

Office
Use Only