COVERDELL EDUCATION SAVINGS ACCOUNT WITHDRAWAL STATEMENT

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DESIGNATED BEN	COVE	COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS								
	HHHHH									
Social Security Number	ocial Security Number Date of Birth Home Phone		Coverdell ESA Account Ider			ification Trustee's or O Phone N				
DISTRIBUTION INFORMATION										
Until I give the Trustee or Ca	ustodian written instri					he amount re	quested as fo	ollows.		
		Special Payment Instructions								
I direct the Trustee or Custodian to make a distribution from the Coverdell ESt following reason. Transfer (Transfers are reportable to the IRS.) Disability Death Excess Contribution Removal*				Please pay all or part of the Coverdell ESA identified above. Please make a payment from the Coverdell ESA identified above to:						
Prohibited Transaction				Is the recipient the Coverdell ESA Designated Beneficiary?						
General Distribution				Commencement Date Distribution Amount						
*If Excess Contribution Removal was selected, please answer the following Is the excess contribution being removed on or before May 31 of the year follo the year for which the contribution was made?						Entire Account Specify Amount \$				
No (Use Code 1.)				Frequency						
Yes (Complete the following to determine the appropriate Code.) Was the excess contribution made during the prior year? Yes (Use Code No (Use Code				One-time Quarterly Other Monthly Annually						
FINANCIAL INFORMATION										
				mount ESA	Quantity Or Amo To Be Distribut		iquidate mediately	Distribute At Maturity	Distribute In Kind (not applicable for transfers)	
1.										
2.										
3.										
4. Fees/Charges			Fornin	as Attri	butable to Excess		NET DISTRIBUTION AMOUNT			
				gs Attri	butable to Excess					
BASIS AND EARNINGS INFORMATION										
To be completed by Trustee or Custodian. Select One: Select One: Of the total Net Distribution Amount (as shown above), the distribution consists of the following: Basis \$										
			SICMATUDE	S						
I certify that I am the proper the Rules and Conditions App Trustee or Custodian. All deci withdrawal and I agree that th	blicable to Withdrawal isions regarding this v	s on page 2 of this form withdrawal are my own.	and agree to abid I expressly assume	all infor e by the	se rules and conditio	ns. No tax ad	lvice has be	en given to me	by the	
(Coverdell ESA Responsible Individual)						(Date)				
(Notary Public/Signature Guarantee)						(Date)				
(Authorized Signature of Trustee or Custodian)								(Date)		

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Rules and Conditions Applicable To Withdrawals

GENERALThe Coverdell ESA Responsible Individual (you) must supply all requested information so the Trustee or Custodian can do the proper taxINFORMATIONreporting.

DISTRIBUTION You are required to give the reason for taking the withdrawal from the Coverdell ESA.

REASON

Transfer. Check this box if the distribution was made directly (trustee-to-trustee transfer) from one Coverdell ESA to another Coverdell ESA. A transfer is reported to the IRS on Form 1099-Q by checking box 4. The Trustee or Custodian may also choose to report the transfer by using a Code 1 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Disability. Check this box if the distribution was made after the Designated Beneficiary was disabled. Check this box only if the disability renders the Designated Beneficiary unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to his or her death. Disability distributions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the disability distribution by using a Code 4 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Death. If this distribution will be made to a death beneficiary, proof, in a form acceptable to the Trustee or Custodian, must be provided to verify entitlement to receive the distribution. Death distributions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the death distribution by using a Code 5 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Excess Contribution Removal. If an excess contribution was made to the Coverdell ESA, you must take the appropriate steps to remove the distribution. Depending upon when you take the necessary corrective action and the amount of the excess contribution, there may be an IRS excess contribution penalty and or tax. The removal of excess contributions is reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the removal of the excess contribution by using Code 2 or 3 in the blank box below boxes 5 and 6 on the Form 1099-Q depending on the timing of the removal.

Prohibited Transaction. If a prohibited transaction as defined in IRC Section 530(e) has occurred, there may be an IRS penalty. If the prohibited transaction is not timely corrected, an additional penalty may apply. Prohibited transactions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the prohibited transaction by using a Code 6 in the blank box below boxes 5 and 6 on the Form 1099-Q.

General Distribution. Any distribution taken for any reason other than those previously listed. For example, a direct payment to the educational facility for education expenses of the Designated Beneficiary would be included in this category and reported to the IRS on Form 1099-Q. The Trustee or Custodian may choose to report the distribution by using Code 1 in the blank box below boxes 5 and 6 on the Form 1099-Q.

BASIS ANDThe earnings (or loss) on the gross amount distributed from a Coverdell ESA are calculated using the earnings ratio described in ProposedEARNINGSRegulations Section 1.529-3 and Notice 2001-81.

SIGNATURES The signature of the Coverdell ESA Responsible Individual is required to certify that the information provided is true and correct and that the Designated Beneficiary is aware of all the circumstances affecting this Coverdell ESA withdrawal.