## COVERDELL ESA TRANSFER REQUEST

Creation Cre			lit Union Name	
Child's Name		Social Security Number	Birth Date	
Street Address	City		State	Zip
RESPONSIBLE INDIVIDUAL INFOR	MATION			
Name		Social Security Number	Phone Nun	ıber
Street Address	City		State	Zip
Name of Financial Institution (Transferring From) City, State, Zip TRANSFER INSTRUCTIONS TO CURRENT ESA TRUST		Street Address ESA Account Numbe	er	
Please directly transfer the following ESA         Entire balance         Only the balance in the following a         Other         Please complete the transfer:         immediately,         at mature	accounts: #	,#		
Please make the check payable as follows:				trustee for benefit of
Credit Union Name			, Responsible Individual for ESA of	
	Responsible Individ	ual's Name		
	Designated Benefic	iary's Name		
Please mail check to our address at: Street Address		City, S	ty, State, Zip	
ACCEPTANCE			· •	

The Credit Union agrees to serve as the new custodian for the ESA account of the above-named individual and to deposit the funds into an IRS-approved ESA account.

## SIGNATURES

I authorize the transfer of the ESA funds as described above and certify that the information provided by me on this form is true and accurate and may be relied upon by the Credit Union. I further certify that the Credit Union has not given me tax or legal advice. I understand that I am responsible for my decisions regarding this transaction and will not hold the Credit Union responsible for any adverse consequences or penalties that may arise from this transaction.

Signature of Responsible Individual

Date

Signature of Credit Union Representative Date

By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. <u>MEMBERS' ACCOUNTS ARE NOT INSURED OR</u> GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.