

# Coverdell ESA Distribution Request

**Regular Mail:**  
U.S. Bancorp Fund Services, L.L.C  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Delivery:**  
U.S. Bancorp Fund Services, L.L.C  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

Complete this form to request a distribution from your Coverdell Educational Savings Account (ESA). Consult your tax or financial adviser for information regarding distributions and taxation.

## 1 Account Information

|  |                              |   |                      |
|--|------------------------------|---|----------------------|
| <input type="text"/>   |                              | <input type="text" value="( )"/>        |                      |
| <small>MUTUAL FUND FAMILY NAME</small>                             |                              | <small>DAYTIME TELEPHONE NUMBER</small> |                      |
| <input type="text"/>   |                              |   |                      |
| <small>RESPONSIBLE INDIVIDUAL'S NAME (FIRST, MIDDLE, LAST)</small> |                              |   |                      |
| <input type="text"/>   | <input type="text"/>         | <input type="text"/>                    | <input type="text"/> |
| <small>DESIGNATED BENEFICIARY'S NAME (FIRST, MIDDLE, LAST)</small> | <small>DATE OF BIRTH</small> | <small>SSN (LAST 4 DIGITS)</small>      |                      |

## 2 Distribution Reason

**Select the appropriate reason:**

- |  |  |
|--|--|
| <input type="checkbox"/> Qualified educational expenses  | <input type="checkbox"/> Return of excess contribution |
| <input type="checkbox"/> Non-qualified distribution<br>I understand that I may be responsible for paying a 10% excise tax in addition to normal income tax for a non-qualified distribution. | Indicate tax year excess contribution was made _____   |
| <input type="checkbox"/> Death of designated beneficiary (Additional documentation may be required.)   | <input type="checkbox"/> Other _____                   |

## 3 Distribution Information | Select One

- Full Account Distribution  
 Partial Account Distribution

| Account Number       | Dollar Amount           | or | Number of Shares     | or | Full Fund Distribution   |
|----------------------|-------------------------|----|----------------------|----|--------------------------|
| <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> | or | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> | or | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> | or | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> | or | <input type="checkbox"/> |
| <input type="text"/> | \$ <input type="text"/> | or | <input type="text"/> | or | <input type="checkbox"/> |

**Note:** Shares recently purchased by check may not be available for redemption for up to 15 days following the purchase date to assure that the Funds have received payment for the purchase. A distribution fee will be taken from the account.

## 4 Payment Instructions

- Please send a check to the address of record on my account.
- Wire Redemption. **A signature guarantee may be required** if banking instructions have not previously been established. A wire fee may apply. **Please attach a voided check.**
- Electronic Funds Transfer. (No fee applies) **A signature guarantee is required** if banking instructions have not previously been established. **Please attach a voided check, if establishing new bank instructions.**
- Alternative payee and/or address other than address of record. **A signature guarantee is required.**  
**Please use the space below for necessary information.**

Make check payable to:

NAME

ADDRESS

CITY / STATE / ZIP

## 5 Signature

I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

X

RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE SIGNED

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE

*(The transfer agent will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions.)*

*\*A notary public cannot provide a signature guarantee*