

**ESA CONTRIBUTION AND INVESTMENT SELECTION****PART 1. DESIGNATED BENEFICIARY**

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

**PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN***To be completed by the Coverdell ESA trustee or custodian*

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Organization Number \_\_\_\_\_

**PART 3. CONTRIBUTION INFORMATION**

Contribution Amount \_\_\_\_\_ Contribution Date \_\_\_\_\_

**CONTRIBUTION TYPE** *(Select one)*

- 1. Regular** Contribution for Tax Year \_\_\_\_\_
- 2. Rollover** *(Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA)*  
 By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** *(Direct movement of assets from a Coverdell ESA into this Coverdell ESA)*

**CONTRIBUTOR INFORMATION**

Name (First/MI/Last) \_\_\_\_\_ Phone \_\_\_\_\_

**PART 4. INVESTMENT AND DEPOSIT INFORMATION****INVESTMENT INFORMATION** *(This section may only be completed by the responsible individual. Complete this section as applicable.)*

Investment Description	Quantity or Amount	Status <i>(new or existing)</i>	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**DEPOSIT METHOD**

- Cash or Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this Coverdell ESA.)*
- Internal Account**  
 Account Number \_\_\_\_\_ Type *(e.g., checking, savings, Coverdell ESA)* \_\_\_\_\_
- External Account** *(e.g., EFT, ACH, wire)*  
 Name of Organization Sending the Assets \_\_\_\_\_ Routing Number *(optional)* \_\_\_\_\_  
 Account Number \_\_\_\_\_ Type *(e.g., checking, savings, Coverdell ESA)* \_\_\_\_\_
- Deposit Taken by \_\_\_\_\_

**PART 5. SIGNATURE**

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the Coverdell ESA and I authorize the deposit/investment in the manner described above.

**X** \_\_\_\_\_  
 Signature of Coverdell ESA Contributor/Responsible Individual

\_\_\_\_\_ Date *(mm/dd/yyyy)*

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## RULES AND CONDITIONS APPLICABLE TO COVERDELL ESA CONTRIBUTIONS

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Coverdell ESA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Higher Education*, for more information. This publication is available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM.

### REGULAR

The total amount that may be contributed to a Coverdell ESA for any tax year cannot exceed the published annual limit.

- Contributions to a Coverdell ESA on behalf of a designated beneficiary can be made by anyone whose income does not exceed certain limits.
- Generally, regular contributions may be made to Coverdell ESAs for a designated beneficiary under 18 years of age.

### ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from one Coverdell ESA to another Coverdell ESA.

- Only one distribution from each Coverdell ESA may be rolled over in a 12-month period.
- A rollover generally must be completed within 60 days from the date the assets are received.
- Generally, assets may be rolled over to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.

### TRANSFER

A transfer is a direct movement of assets from one Coverdell ESA to another Coverdell ESA.

- An unlimited number of transfers may be performed.
- Generally, assets may be transferred to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.