

**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 (new or existing)	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.