



PO Box 2760 ■ Omaha, NE 68103-2760
 Fax: 816-243-3769

Coverdell Education Savings Account (ESA) Distribution Request Form

1. DESIGNATED BENEFICIARY (STUDENT) INFORMATION

Account Number: _____

Full Legal Name: _____

Date of Birth: <i>(MM-DD-YYYY)</i> _ _ - _ - _ - _ - _ -	U.S. Social Security Number: <i>(SSN)</i> _ _ - _ - _ - _ -
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Home Address:
(no PO Box or Mail Drop)

City: _____	State: _____	ZIP Code: _ _ - _ - _ -
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Mailing Address:
(if different from above)

City: _____	State: _____	ZIP Code: _ _ - _ - _ -
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Primary Phone: _ _ - _ - _ - _ -	Secondary Phone: _ _ - _ - _ - _ -	Fax Number: _ _ - _ - _ - _ -
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Email Address: _____

2. TYPE OF DISTRIBUTION

I direct TD AMERITRADE, Inc. to distribute the amount requested for the following reason (check only one box):

This is a distribution due to:

- Distribution for education expense.
- Direct transfer — *I elect to move funds to a non-TD AMERITRADE, Inc. Coverdell ESA:*

Receiving Account Number: _____

Company Name: _____

Address: _____

City: _____	State: _____	ZIP Code: _ _ - _ - _ -
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- Internal transfer — *I elect to move funds from the above Coverdell ESA to Coverdell ESA:*

Account Number *(both accounts must be held at TD AMERITRADE, Inc.):*

3. DISTRIBUTION AMOUNT (Cash only)

I instruct TD AMERITRADE, Inc. to initiate a:

- Total distribution of my entire account and close the account.
- Partial distribution of exactly \$ _____.

Distribution(s) must begin within 60 days of this document being received by TD AMERITRADE, Inc.



4. TRANSFER AMOUNT

I instruct TD AMERITRADE, Inc. to initiate a:

- Total distribution of my entire account and close the account.
- Partial distribution of exactly \$_____.
- Partial distribution of the following securities (number of shares and identification of security):

Security Description	Quantity	Security Description	Quantity

Please attach an additional page if needed.

5. DISTRIBUTION METHOD

I instruct TD AMERITRADE, Inc. to distribute the amount stated in the following manner:

Make this payment to (if nothing is selected, your distribution will be mailed to the address listed on your account):

- Me directly
- My receiving Coverdell ESA: Account Number: _____
- Mail check overnight at my expense
- Electronic funding (attach Electronic Funding Form)
- Wire funds at my expense to:

Name of Bank Account:

Bank Name:

Bank Address:

City:	State:	ZIP Code: _____
ABA/Routing Number:	Bank Account Number:	

6. PLEASE READ AND SIGN THE FOLLOWING SECTION

I understand that, subject to the provisions of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that the proper party to receive payment(s) from this ESA and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by TD AMERITRADE, Inc. and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless TD AMERITRADE, Inc., their divisions, officers, employees, directors, representatives, owners, affiliates, successors and assigns.

 Responsible Individual's Signature:	Date: _____
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