

1. Designated Beneficiary (Student) Information

Account Number: _____
Name: _____
Date of Birth (MM-DD-YYYY): _____ U.S. Social Security Number/ITIN: _____
Street Address (No PO Box or Mail Drop): _____
City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____
Primary Phone: _____ Secondary Phone or a Fax Number: _____
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:
Company Name and Address: _____ Receiving Account Number: _____
- 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):

<u>Security Description</u>	<u>Quantity</u>	<u>Security Description</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 on Bank Account: _____

Bank Name: _____

Bank Address: _____

City: _____ **State/Province:** _____ **Bank Phone Number:** _____

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** _____