



Coverdell Education Savings Account (ESA) Distribution Request Form

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Questions? Call an IRA representative at 888-723-8504, option 2.

1. DESIGNATED BENEFICIARY (STUDENT) INFORMATION

Account Number:

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

2. CUSTODIAN INFORMATION

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

Home Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Mailing Address:
(if different from above)

City:

State:

ZIP Code:

Primary Phone:

Secondary Phone:

Email Address:

Should TD Ameritrade need to contact you in regards to this request, your preferred method of contact is: Email Primary Phone

3. DISTRIBUTION AMOUNT

I instruct TD Ameritrade, Inc. to initiate a:

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

If you wish to liquidate the selected securities and receive the cash proceeds, you may select cash and sell the assets online at www.tdameritrade.com or by calling 800-669-3900.

Security/Asset Description	Requested Quantity	Security/Asset Description	Requested Quantity
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please attach additional sheet if more space is needed.

I certify that the recipient of this request qualifies as a family member as dictated by IRS publication 970, section 8.



4. DISTRIBUTION METHOD

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

Make this payment: (Please select one of the following options. If nothing is selected, your distribution will be mailed to the address listed on your account.)

To another TD Ameritrade Coverdell ESA account number: _____

For an education expense:

To my TD Ameritrade non-retirement account number: _____

By mail

Check

Delivery method: U.S. First-Class Mail Overnight at my expense

To the address on record

To an alternate address This is my new address of record

Address: _____

City: _____

State: _____

ZIP Code: _____

To an alternate payee

Name: _____

Wire funds at my expense

Name on Bank Account: _____

Bank Name: _____

Phone: _____

Bank Address: _____

City: _____

State: _____

ZIP Code: _____

ABA/Routing Number: _____

Bank Account Number: _____

Please attach a letter of instruction for two bank, brokerage and escrow wires to ensure we have all the information needed to process your request. For International Wires please include the Wire Request (International) form to ensure all required information is included to complete your request. This form can be located at www.tdameritrade.com.

Electronic (ACH) to my Checking or Savings ***must have previously established connection with this bank via the website***

For previously set up ACH Bank, enter the nickname assigned to the setup or last 4 of the bank account number: _____

5. 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 TD Ameritrade Clearing, Inc. shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that I am the proper party to receive payment or payments 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. or TD Ameritrade Clearing, 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. and TD Ameritrade Clearing, Inc., their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns.

 Custodian's Signature: _____

Date: _____

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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