

Coverdell Education Savings Account (ESA) Change of Designated Death Beneficiary Form



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

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Designated Beneficiary (*Student*) Information

Account Number:

Account Owner:

Date of Birth:

U.S. Social Security Number:

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Designation of Beneficiary

Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If percentages are not indicated, then they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3%, or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

The relationship to the account owner must be one of the following:

Son	Daughter	Descendant of son or daughter	Stepson
Stepdaughter	Brother	Sister	Stepbrother
Stepsister	Father	Mother	Stepfather
Stepmother	Niece	Nephew	Aunt
Uncle	Son-in-law	Daughter-in-law	Father-in-law
Mother-in-law	Brother-in-law	Sister-in-law	Spouse of any individual previously mentioned
First cousin	Ancestor of father or mother		

Subject to the condition(s) set forth in this section, I designate the following as the death beneficiary(ies) of my Coverdell ESA:



Designate your Primary Beneficiary(ies)

Primary Share %:	Beneficiary's Name:	SSN:
	Relationship:	Date of Birth:

Primary Share %:	Beneficiary's Name:	SSN:
	Relationship:	Date of Birth:

Primary Share %:	Beneficiary's Name:	SSN:
	Relationship:	Date of Birth:

Primary Share %:	Beneficiary's Name:	SSN:
	Relationship:	Date of Birth:

Primary Share %:	Beneficiary's Name:	SSN:
	Relationship:	Date of Birth:

Total: _____ % Total must add up to 100%

Designate your Contingent Beneficiary(ies)

Contingent Share %:	Beneficiary's Name: _____	SSN: _ _ _ - _ _ - _ _ _ _
	Relationship: _____	Date of Birth: _ _ - _ _ - _ _ _ _
Contingent Share %:	Beneficiary's Name: _____	SSN: _ _ _ - _ _ - _ _ _ _
	Relationship: _____	Date of Birth: _ _ - _ _ - _ _ _ _
Contingent Share %:	Beneficiary's Name: _____	SSN: _ _ _ - _ _ - _ _ _ _
	Relationship: _____	Date of Birth: _ _ - _ _ - _ _ _ _
Contingent Share %:	Beneficiary's Name: _____	SSN: _ _ _ - _ _ - _ _ _ _
	Relationship: _____	Date of Birth: _ _ - _ _ - _ _ _ _
Contingent Share %:	Beneficiary's Name: _____	SSN: _ _ _ - _ _ - _ _ _ _
	Relationship: _____	Date of Birth: _ _ - _ _ - _ _ _ _

Total: _____ % Total must add up to 100%

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Signature

The undersigned responsible individual hereby states that all previous designation(s) of death beneficiary(ies), with respect to the above-designated ESA, are hereby revoked. The responsible individual understands that this change of designated death beneficiary will be effective on the date of receipt by TD Ameritrade, and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. The responsible individual retains the right to revoke this designation of death beneficiary and to designate a new death beneficiary at any time by written communication to: TD Ameritrade, Inc., 200 South 108th Avenue, Omaha, NE 68154-2631.

Sign Here

Signature of Responsible Individual:

X _____

Date:

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Original signatures are 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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