



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

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

Account Number: \_\_\_\_\_

## 1. DESIGNATED BENEFICIARY (STUDENT) INFORMATION

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

Full Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

U.S. Social Security Number:  
(SSN) \_\_\_\_\_

Street Address:  
(no PO box or mail drop) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## 2. 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. 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.

**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:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Primary Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Primary Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Primary Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:



**DESIGNATE YOUR CONTINGENT BENEFICIARY(IES)**

Contingent Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Contingent Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Contingent Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:
Contingent Share %	Beneficiary's Name:		SSN:
	Relationship:		Date of Birth:
	Home Address (no PO box or mail drop):		
	City:	State:	ZIP Code:

**3. 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.

 Signature of Responsible Individual:	Date:
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**Original signature required; electronic signatures and/or signature fonts are not authorized.**

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