

Use this Coverdell ESA Distribution Request form to request a distribution from a Coverdell Educations Savings Account (ESA)

Please send completed form to:

Regular Mail Delivery

Alger Family of Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Alger Family of Funds
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212-3948

SECTION 1: DESIGNATED BENEFICIARY INFORMATION (The Student)

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

ESA Account/Plan Number: _____

SECTION 2: RESPONSIBLE INDIVIDUAL INFORMATION (Generally a Parent or Guardian)

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

SECTION 3: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

- General Distributions to the Designated Beneficiary
- Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)
- Death Death Beneficiary's Name: _____ Taxpayer ID Number: _____
Residence Address: _____
Mailing Address: _____
Primary Phone: _____ Email Address: _____

NOTE: If a death beneficiary is a qualified family member under the age of 30, the death beneficiary shall become the designated beneficiary.

- Return of Excess Contribution Plus Earnings (Before June 1 of the Year Following the Year for Which the Contribution was Made)
In what year was the contribution made?: Current Year Prior Year
Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____
- Other (Explain): _____

SECTION 4: DISTRIBUTION FREQUENCY

Beginning Date: _____

Amount/Frequency (Select One):

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____.

I wish to set up systematic* withdrawals in the amount of \$ _____ to be withdraw as indicated below.

*Systematic withdrawals, once initiated, will continue indefinitely until canceled

Monthly, on the _____ day of each month.

Quarterly, on the _____ day of January, April, July and October.

Other (Please Specify) _____.

SECTION 5: INVESTMENT INFORMATION

Please indicate the investment(s) from which the assets are to be withdrawn:

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

Investment Description	Share Class (if applicable)	Withdrawal Amount or %	Liquidation or Distribute In-Kind
1.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
2.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
3.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
4.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
5.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
6.		\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind
		TOTAL: \$ _____ or _____ %	

Addendum attached for additional investments. If you need additional space to list investments, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

SECTION 6: BASIS AND EARNINGS INFORMATION

The amount withdrawn is comprised of the following:

Basis \$ _____
Earnings \$ _____

SECTION 7: PAYMENT METHOD

Please send a check to the address on my account.

Please send a check to a different address (requires Medallion signature guarantee – see Section 9).

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please send my distribution to the financial organization/bank account listed on my account via:

Electronic Funds Transfer (2-3 business days; no fee)

Wire (1 business day; \$20.00 fee)

Please deduct the wire fee from the proceeds of my distribution.

Please do not deduct the wire fee from the proceeds of my distribution. I have enclosed a check for payment of the fee.

Please send my distribution to the financial organization/bank account listed below (requires Medallion signature guarantee; see Section 7/6) via:

Electronic Funds Transfer (2-3 business days; no fee)

Wire (1 business day; \$20.00 fee)

Please deduct the wire fee from the proceeds of my distribution.

Please do not deduct the wire fee from the proceeds of my distribution. I have enclosed a check for payment of the fee.

Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**

Provide information about your bank account below.

Account Type: Checking Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.	\$ _____
BANK NAME BANK ADDRESS	Please do <u>not</u> use staples.	DOLLARS
MEMO _____		

SECTION 8: ACKNOWLEDGEMENT

By signing this *Coverdell ESA Distribution Request Form*, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibilities for any consequences that may arise as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Responsible Individual's Signature:

X _____ Date: _____

SECTION 9: MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if proceeds are going to a payee, address or bank account other than those listed on your account, if the redemption is over Alger Family of Funds \$50,000.

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or other eligible guarantor institution. **A notary public is not an acceptable guarantor.**



Medallion signature guarantee (if required)