

Use this Coverdell ESA Distribution Request form to request a distribution from a Coverdell Education 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 _____	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">           Tape your voided check or preprinted deposit slip here.             Please do <u>not</u> use staples.         </div>
BANK NAME BANK ADDRESS	\$ _____ 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.

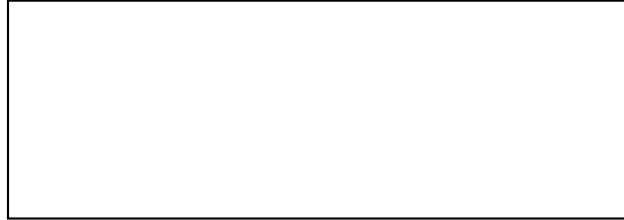
Responsible Individual's Signature:

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)