

# COVERDELL ESA DISTRIBUTION REQUEST FORM



Use this *Coverdell ESA Distribution Request Form* to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-238-7701.

## **PART I: DESIGNATED BENEFICIARY INFORMATION (Generally the Student) (\*DENOTES REQUIRED INFORMATION)**

Minor's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Minor's Street Address (Physical Address)\* Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Daytime Phone\* \_\_\_\_\_ ESA Account/Plan Number\* \_\_\_\_\_

## **PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)**

Responsible Individual's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Responsible Individual's Street Address (Physical Address)\* Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

## **PART III: REASON FOR DISTRIBUTION**

Indicate Reason for Distribution:

Qualified Education Expenses of 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: \_\_\_\_\_  
-Primary Phone: \_\_\_\_\_

**PART III: REASON FOR DISTRIBUTION-CONTINUED**

Return of Excess Contribution Plus Earnings

In what year was the contribution made?:  Current Year  Prior Year

Excess Contribution Amount: \$ \_\_\_\_\_ Earnings Attributable to Excess: \$ \_\_\_\_\_

**PART IV: DISTRIBUTION INSTRUCTIONS**

I wish to withdraw my entire account balance.

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

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%.)

I wish to set up systematic withdrawals\* in the amount of \$ \_\_\_\_\_ on a  Monthly  Quarterly  Semi-Annual  Annual basis.

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%.)

**\*Note:** Systematic withdrawals, once initiated, will continue indefinitely until canceled.

| Name of Investment      | Withdrawal Amount or % |
|-------------------------|------------------------|
| 1. Archer Balanced Fund | \$ _____ or _____ %    |

**PART V: PAYMENT INSTRUCTIONS**

\*\* Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

**By Mail**

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)\*\*

Make check payable to: \_\_\_\_\_

Mail check to an address other than the one on the account (Provide address below)\*\*

Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

**Send to My Bank**

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my IRA      **OR**       Bank Account Information below \*\*

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

Bank instructions already established for my IRA      **OR**       Bank Account Information below \*\*

**PART V: PAYMENT INSTRUCTIONS-CONTINUED**

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

**Attach a voided check for your bank account.**

Account Type:  Checking  Savings

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

**Enter your checking or savings account information:**

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

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

*\*\* Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

**PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE**

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: \_\_\_\_\_

**\*Note:** Please sign your name exactly how it appears in the registration.

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**MAILING INSTRUCTIONS**

Please send completed form to:

*Regular Mail Delivery*  
 Archer Balanced Fund  
 Mutual Shareholder Services  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147

*Overnight Delivery*  
 Archer Balanced Fund  
 Mutual Shareholder Services  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147