

ESA CONTRIBUTION ELIGIBILITY

PART 1. DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____
 Account Number _____ Suffix _____

PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN

To be completed by the Coverdell ESA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. CONTRIBUTION TYPE ELIGIBILITY REQUIREMENTS

To be eligible for a Coverdell ESA contribution type listed below, all statements for that contribution type must be true. Refer to page 2 for rules and conditions that apply to contribution eligibility.

REGULAR

- The contributor's modified adjusted gross income (MAGI) during the tax year of the contribution is within the maximum permitted limits.
 The designated beneficiary is under the age of 18 or is a special needs beneficiary.

ROLLOVER *(Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA)*

- The assets were received from the distributing Coverdell ESA within the last 60 days.
 No other distributions have been rolled over from any of the designated beneficiary's Coverdell ESAs within the last 12 months.
 These assets are being rolled over to the same designated beneficiary or to a qualified family member.
 The designated beneficiary is under the age of 30 or is a special needs beneficiary.

CONTRIBUTOR INFORMATION

Name (First/MI/Last) _____ Phone _____

PART 4. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that this Coverdell ESA contribution is eligible to be made.

X _____
 Signature of Coverdell ESA Contributor/Responsible Individual

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO COVERDELL ESA CONTRIBUTION ELIGIBILITY

The Coverdell ESA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Higher Education*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount that may be contributed for a designated beneficiary for any tax year cannot exceed \$2,000. The following modified adjusted gross income (MAGI) restrictions apply only to individual contributors.

- Coverdell ESA contributions are reduced if your modified adjusted gross income (MAGI) exceeds \$190,000 and you are a married taxpayer filing a joint income tax return, or if your MAGI exceeds \$95,000 and you are any other taxpayer.
- You are not eligible to make a Coverdell ESA contribution if your MAGI is \$220,000 or greater and you are a married taxpayer filing a joint tax return, or if your MAGI is \$110,000 or greater and you are any other taxpayer.

A Coverdell ESA can only receive contributions until the designated beneficiary reaches the age of 18 unless he or she is a special needs beneficiary.

ROLLOVER

Timeliness. The assets received from the distributing Coverdell ESA generally must be deposited into another Coverdell ESA within 60 calendar days.

Twelve-Month Restriction. **Effective for distributions taken on or after January 1, 2015**, only one distribution from any of a designated beneficiary's Coverdell ESAs may be rolled over in a 12-month period, regardless of the number of Coverdell ESAs the designated beneficiary owns.

Qualified Family Member. Qualified family members of the designated beneficiary include the following.

- Child, grandchild, or stepchild
- Brother, sister, stepbrother, or stepsister
- Nephew or niece
- Parents, stepparents, or grandparents
- Uncle or aunt
- Spouses of all family members listed above
- Cousin
- Spouse of the designated beneficiary

Age Restriction. A Coverdell ESA can receive rollover contributions only until the designated beneficiary reaches the age of 30 unless he or she is a special needs beneficiary.

ESA CONTRIBUTION AND INVESTMENT SELECTION

PART 1. DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____
Account Number _____ Suffix _____

PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN

To be completed by the Coverdell ESA trustee or custodian

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____ Organization Number _____

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- 1. Regular** Contribution for Tax Year _____
- 2. Rollover** (Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA)
By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** (Direct movement of assets from a Coverdell ESA into this Coverdell ESA)

CONTRIBUTOR INFORMATION

Name (First/MI/Last) _____ Phone _____

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (This section may only be completed by the responsible individual. Complete this section as applicable.)

Investment Description	Quantity or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEPOSIT METHOD

- Cash or Check** (If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this Coverdell ESA.)
- Internal Account**
Account Number _____ Type (e.g., checking, savings, Coverdell ESA) _____
- External Account** (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)
Name of Organization Sending the Assets _____ Routing Number (Optional) _____
Account Number _____ Type (e.g., checking, savings, Coverdell ESA) _____

Deposit Taken by _____

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the Coverdell ESA and I authorize the deposit to be invested in the manner described above.

X _____
Signature of Coverdell ESA Contributor/Responsible Individual

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO COVERDELL ESA CONTRIBUTIONS

Coverdell ESA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Higher Education*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount that may be contributed to a Coverdell ESA for any tax year cannot exceed the published annual limit.

- Contributions to a Coverdell ESA on behalf of a designated beneficiary can be made by anyone whose income does not exceed certain limits.
- Generally, regular contributions may be made to Coverdell ESAs for a designated beneficiary under 18 years of age.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from one Coverdell ESA to another Coverdell ESA.

- **Effective for distributions taken on or after January 1, 2015**, only one distribution from any of a designated beneficiary's Coverdell ESAs may be rolled over in a 12-month period, regardless of the number of Coverdell ESAs the designated beneficiary owns.
- A rollover generally must be completed within 60 days from the date the assets are received.
- Generally, assets may be rolled over to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.

TRANSFER

A transfer is a direct movement of assets from one Coverdell ESA to another Coverdell ESA.

- An unlimited number of transfers may be performed.
- Generally, assets may be transferred to another Coverdell ESA of the same designated beneficiary or to a qualified family member's Coverdell ESA.