

PART 1. DESIGNATED BENEFICIARY	PART 2. COVERDEL	PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN	
	To be com	To be completed by the Coverdell ESA trustee or custodia	
Name (First/MI/Last)	Name		
Social Security Number			
Date of Birth Phone	Address Line 2		
Email Address			
Account NumberSuffix	Phone	Organization Number	
PART 3. DEATH BENEFICIARY DESIGNATION			
I designate that upon the designated beneficiary's death, the assets in death beneficiary that predeceases the designated beneficiary termina estate will be the death beneficiary. (The term relationship will be used PRIMARY DEATH BENEFICIARIES (The total percentage designate percentages are indicated, the beneficiaries will be deemed to own equal to the percentage of the second percentages are indicated, the beneficiaries will be deemed to own equal to the percentages are indicated.	ates completely. If no death benef d below to mean the relationship t ated must equal 100%. If more that	iciaries are named, the designated beneficiary's o the designated beneficiary.) n one beneficiary is designated and no	
Name	Name		
Address	Address		
City/State/ZIP	City/State/ZIP		
Date of Birth Relationship		Relationship	
Tax ID (SSN/TIN) Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name	Name		
Address	Address		
City/State/ZIP			
Date of Birth Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN) Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
CONTINGENT DEATH BENEFICIARIES (The total percentage despercentages are indicated, the beneficiaries will be deemed to own equipayable to these death beneficiaries only if all primary death beneficiaries.	al share percentages in the Coverd ries have predeceased the designa	ell ESA. The balance in the account will be ted beneficiary.)	
Name			
Address			
		Palationship	
	Date of Birth	Relationship	
Date of Birth Relationship		Percent Designated	
Date of Birth Relationship  Tax ID (SSN/TIN) Percent Designated	Tax ID <i>(SSN/TIN)</i>	Percent Designated	
Date of Birth Relationship  Tax ID (SSN/TIN) Percent Designated  Name	Tax ID (SSN/TIN) Name		
Date of Birth Relationship           Tax ID (SSN/TIN) Percent Designated           Name           Address	Tax ID (SSN/TIN)  Name Address		
Date of Birth Relationship         Tax ID (SSN/TIN) Percent Designated         Name         Address         City/State/ZIP	Tax ID (SSN/TIN)  Name  Address  City/State/ZIP		
Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated Name Address City/State/ZIP Date of Birth Relationship	Tax ID (SSN/TIN)  Name  Address  City/State/ZIP  Date of Birth	Relationship	
City/State/ZIP Relationship Relationship Percent Designated Name	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)	Relationship Percent Designated	
Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated Name Address City/State/ZIP Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated Check here if additional death beneficiaries are listed on an attached	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)	Relationship Percent Designated	
Date of Birth Relationship  Tax ID (SSN/TIN) Percent Designated  Name  Address  City/State/ZIP Relationship  Tax ID (SSN/TIN) Percent Designated  Check here if additional death beneficiaries are listed on an attached  PART 4. SIGNATURES  I certify that I am authorized by the Coverdell ESA agreement to replace to the trustee or custodian. The trustee or custodian has provided no state of the coverdell and the coverd	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)  addendum. Total number of adden  ce death beneficiaries at any time tax or legal advice to me regarding	Percent Designated dums attached to this Coverdell ESA by completing and delivering the proper form the death beneficiary designations.	
Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated Name Address City/State/ZIP Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)  addendum. Total number of adden  ce death beneficiaries at any time tax or legal advice to me regarding	Percent Designated dums attached to this Coverdell ESA by completing and delivering the proper form the death beneficiary designations.	
Date of Birth Relationship	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)  addendum. Total number of adden  ce death beneficiaries at any time tax or legal advice to me regarding	Relationship Percent Designated dums attached to this Coverdell ESA by completing and delivering the proper form the death beneficiary designations. If this Coverdell ESA. I hereby revoke all prior	
Date of Birth Relationship Tax ID (SSN/TIN) Percent Designated  Name Address City/State/ZIP Relationship Tax ID (SSN/TIN) Percent Designated  Check here if additional death beneficiaries are listed on an attached  PART 4. SIGNATURES  I certify that I am authorized by the Coverdell ESA agreement to replace to the trustee or custodian. The trustee or custodian has provided no state of the designate of the persons or entities named above as the primary and/or	Tax ID (SSN/TIN)  Name Address City/State/ZIP Date of Birth Tax ID (SSN/TIN)  addendum. Total number of adden  ce death beneficiaries at any time tax or legal advice to me regarding	Relationship Percent Designated dums attached to this Coverdell ESA by completing and delivering the proper form the death beneficiary designations.	

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