Print

COVERDELL ESA

COVERDELL EDUCATION SAVINGS ACCOUNT
CHANGE OF ACCOUNT INFORMATION

This form should not be used to change the Designated Beneficiary or to replace or add Death Beneficiaries.

DESIGNATED BENEFICIARY'S NAME AND ADDRESS	COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS
	GoldStar Trust Company
	PO Box 719
	Canyon TX 79015

Social Security Number	Date of Birth	Home Phone	Coverdell ESA Account Identification	Trustee's or Custodian's Phone Number
				800-486-6888

ACCOUNT INFORMATION TO BE CHANGED OR CORRECTED

Complete only applicable items.

OPTION ONE — DESIGNATED BENEFICIARY

NAME _____

ADDRESS _____

_____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

HOME PHONE _____

COVERDELL ESA ACCOUNT IDENTIFICATION _____

OTHER _____

_____

OPTION TWO — RESPONSIBLE INDIVIDUAL

Please check one of the following options.

☐ Replace Responsible Individual

☐ Correct information for existing Responsible Individual

NAME _____

ADDRESS _____

_____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

HOME PHONE _____

BUSINESS PHONE _____

RELATIONSHIP TO DESIGNATED BENEFICIARY _____

SIGNATURE

_____ (Completed By)

_____ (Date)

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