

COVERDELL EDUCATION SAVINGS ACCOUNT WITHDRAWAL STATEMENT

DESIGNATED BENEFICIARY'S NAME AND ADDRESS			COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
Social Security Number	Date of Birth	Home Phone	Coverdell ESA Account Identification	Trustee's or Custodian's Phone Number

DISTRIBUTION INFORMATION									
<i>Until I give the Trustee or Custodian written instructions to the contrary, I direct the Trustee or Custodian to distribute the amount requested as follows.</i>									
Distribution Reason	Special Payment Instructions								
<i>I direct the Trustee or Custodian to make a distribution from the Coverdell ESA for the following reason.</i> <input type="checkbox"/> Transfer (Transfers are reportable to the IRS.) <input type="checkbox"/> Disability <input type="checkbox"/> Death <input type="checkbox"/> Excess Contribution Removal* <input type="checkbox"/> Prohibited Transaction <input type="checkbox"/> General Distribution *If Excess Contribution Removal was selected, please answer the following questions. Is the excess contribution being removed on or before May 31 of the year following the year for which the contribution was made? <input type="checkbox"/> No (Use Code 1.) <input type="checkbox"/> Yes (Complete the following to determine the appropriate Code.) Was the excess contribution made during the prior year? <input type="checkbox"/> Yes (Use Code 3.) <input type="checkbox"/> No (Use Code 2.)	Please pay <input type="checkbox"/> all or <input type="checkbox"/> part of the Coverdell ESA identified above. Please make a payment from the Coverdell ESA identified above to: _____ (Name of Recipient) _____ (Address of Recipient) Is the recipient the Coverdell ESA Designated Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No <table><tr><th>Commencement Date</th><th>Distribution Amount</th></tr><tr><td></td><td><input type="checkbox"/> Entire Account <input type="checkbox"/> Specify Amount \$ _____</td></tr><tr><th colspan="2">Frequency</th></tr><tr><td><input type="checkbox"/> One-time <input type="checkbox"/> Monthly</td><td><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____</td></tr></table>	Commencement Date	Distribution Amount		<input type="checkbox"/> Entire Account <input type="checkbox"/> Specify Amount \$ _____	Frequency		<input type="checkbox"/> One-time <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
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<input type="checkbox"/> One-time <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____								

FINANCIAL INFORMATION					
Asset Description	Quantity Or Amount In Coverdell ESA	Quantity Or Amount To Be Distributed	Liquidate Immediately	Distribute At Maturity	Distribute In Kind (not applicable for transfers)
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fees/Charges	Earnings Attributable to Excess		NET DISTRIBUTION AMOUNT		

BASIS AND EARNINGS INFORMATION	
<i>To be completed by Trustee or Custodian.</i>	
Select One: <input type="checkbox"/> Of the total Net Distribution Amount (as shown above), the distribution consists of the following: Basis \$ _____ Earnings \$ _____ <input type="checkbox"/> The Trustee or Custodian has provided Coverdell ESA Basis and Earnings on a separate form.	
NOTE: If this distribution is to facilitate a transfer request, the IRS 1099-Q instructions state that the distributing Coverdell ESA Trustee or Custodian is required to provide the receiving Coverdell ESA Trustee or Custodian with a statement reporting the earnings portion of the distribution within 30 days of the distribution or by January 10th, whichever is earlier.	

SIGNATURES	
I certify that I am the proper party to authorize payment(s) from this Coverdell ESA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawals on page 2 of this form and agree to abide by those rules and conditions. No tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.	
_____ (Coverdell ESA Responsible Individual)	_____ (Date)
_____ (Notary Public/Signature Guarantee)	_____ (Date)
_____ (Authorized Signature of Trustee or Custodian)	_____ (Date)

Rules and Conditions Applicable To Withdrawals

GENERAL INFORMATION

The Coverdell ESA Responsible Individual (you) must supply all requested information so the Trustee or Custodian can do the proper tax reporting.

DISTRIBUTION REASON

You are required to give the reason for taking the withdrawal from the Coverdell ESA.

Transfer. Check this box if the distribution was made directly (trustee-to-trustee transfer) from one Coverdell ESA to another Coverdell ESA. A transfer is reported to the IRS on Form 1099-Q by checking box 4. The Trustee or Custodian may also choose to report the transfer by using a Code 1 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Disability. Check this box if the distribution was made after the Designated Beneficiary was disabled. Check this box only if the disability renders the Designated Beneficiary unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to his or her death. Disability distributions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the disability distribution by using a Code 4 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Death. If this distribution will be made to a death beneficiary, proof, in a form acceptable to the Trustee or Custodian, must be provided to verify entitlement to receive the distribution. Death distributions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the death distribution by using a Code 5 in the blank box below boxes 5 and 6 on the Form 1099-Q.

Excess Contribution Removal. If an excess contribution was made to the Coverdell ESA, you must take the appropriate steps to remove the distribution. Depending upon when you take the necessary corrective action and the amount of the excess contribution, there may be an IRS excess contribution penalty and or tax. The removal of excess contributions is reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the removal of the excess contribution by using Code 2 or 3 in the blank box below boxes 5 and 6 on the Form 1099-Q depending on the timing of the removal.

Prohibited Transaction. If a prohibited transaction as defined in IRC Section 530(e) has occurred, there may be an IRS penalty. If the prohibited transaction is not timely corrected, an additional penalty may apply. Prohibited transactions are reported to the IRS on Form 1099-Q. The Trustee or Custodian may also choose to report the prohibited transaction by using a Code 6 in the blank box below boxes 5 and 6 on the Form 1099-Q.

General Distribution. Any distribution taken for any reason other than those previously listed. For example, a direct payment to the educational facility for education expenses of the Designated Beneficiary would be included in this category and reported to the IRS on Form 1099-Q. The Trustee or Custodian may choose to report the distribution by using Code 1 in the blank box below boxes 5 and 6 on the Form 1099-Q.

BASIS AND EARNINGS

The earnings (or loss) on the gross amount distributed from a Coverdell ESA are calculated using the earnings ratio described in Proposed Regulations Section 1.529-3 and Notice 2001-81.

SIGNATURES

The signature of the Coverdell ESA Responsible Individual is required to certify that the information provided is true and correct and that the Designated Beneficiary is aware of all the circumstances affecting this Coverdell ESA withdrawal.