

Coverdell Education Savings Account (ESA) Request

Use this form to make a contribution, request a distribution, withdraw an excess contribution, or change the Designated Beneficiary on an ESA. The WFCS Coverdell ESA Disclosure Statement and Custodial Agreement provides the terms and conditions of the account and information about the ESA Custodian. Review IRS Publication 970 or visit IRS.gov for more information regarding ESA contributions and distributions.

Section 1: ESA Information

Designated Beneficiary (Child) Name	Account Number
Responsible Individual Name	

Section 2: Contribution Instructions

Select/check **either** Annual Contribution **or** Rollover box, *but only one of those*.

☐ **Annual Contribution.** If making an annual contribution, select **only one** contribution option below.

Periodic Contributions will be current year only. Selection not required below for On Demand.

☐ Current Year

☐ Prior Year

☐ **Rollover** If making a rollover, select **only one** rollover option below.

☐ Certain U.S. Savings Bonds

☐ Military Death Gratuity

☐ Indirect 60-day ESA-to-ESA – *only one rollover allowed in a 365-day period per ESA owner*

Note: If Indirect 60-day ESA-to-ESA checked above, the "Rollover Recommendation Confirmation" section below **must be completed by the Financial Professional prior to client execution of this form**.

****ROLLOVER RECOMMENDATION CONFIRMATION****

To be completed by the Financial Professional before the client signs

Question: Is this rollover Financial Professional recommended or Client-initiated? Financial Professional must indicate whether the rollover was Client-Initiated or Financial Professional Recommended (*not both*).

☐ **Client-Initiated:** the Client independently decided to initiate this rollover transaction without any recommendation from their Financial Professional

☐ **Financial Professional Recommended:** this rollover was recommended by the Financial Professional for the following reason(s) – **note: check all recommendation reasons that are applicable; one or more must be checked**

Financial Professional Recommendation Reasons: (*do not check reasons below if rollover was Client-Initiated*)

☐ To enable the Client to consolidate accounts and simplify account management (including consolidate statements, tax reporting, beneficiary planning, and/or administrative ease)

☐ To enable the Client to work with a specific Financial Professional of the client's choosing in connection with their investment and retirement account needs

☐ To enable the Client move from a self-directed account to a full-service account in order to receive investment advice and assistance with financial/retirement planning

☐ To provide the Client with access to more or different investment options

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

Office Use Only:

Sub Firm #	BR Code	FA Code	Account Number
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Amount

\$ _____

Annual ESA contributions cannot be made with securities.

Please leave contribution amount blank if setting up On Demand instructions for future use in the Frequency Type section below.

Method

☐ Check can be attached, mailed, or returned to financial professional.

☐ Transfer funds from an internal non-ESA brokerage account Account Number: _____

☐ Move funds electronically via ACH/Money Transfer from Checking/Savings Account into above-referenced ESA

Complete ACH/Money Transfer information below. For a non-Wells Fargo Bank account, proof of ownership is required (such as a voided check or savings deposit slip). For Instructions to transfer funds to the ESA, a signer must be an account owner/authorized signer on both the bank account and the ESA. By signing, you acknowledge that you have authority to provide and be bound by money movement instructions with respect to the account(s) listed.

ABA Routing Number (9 digits)	Account Number
Financial Institution Name	
Bank Account Title or Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Contribution Frequency Type

Only one frequency type may be selected; separate forms are required to establish more than one frequency. If ACH/money transfer frequency is a holiday or weekend, money will remit on the next business day. Periodics are fixed amounts.

☐ **On Demand** (verbal requests – available for ACH/Money Transfer method and for Annual Contributions only). You authorize contributions from the bank account you supplied without completing a new form. Upon completion of this form, a contribution may be requested immediately. A new form must be completed if you want to make changes to the Method section. A separate form is needed for each of your ESAs.

☐ **One Time** (single use only including Rollovers)

☐ **Establish New Periodic** Effective _____ (1st – 28th only) or ☐ Last business day

☐ **Change Existing Periodic** Effective _____ (1st – 28th only) or ☐ Last business day

Periodic Frequency

Periodic Contributions will be current year only.

☐ Annually ☐ Biweekly ☐ Weekly (same day each week) ☐ Semi-annually (every 6 months)

☐ Bimonthly ☐ Monthly ☐ Quarterly ☐ Semi-monthly (2 times/month) _____ and _____

Section 3: Distribution Instructions

Reason for Distribution

Choose **only one** of the following distribution types; a new form and signature are required to change from one category to another.

☐ Partial ☐ Periodic ☐ Close account and distribute balance ☐ Contribution to 529 Plan

☐ Disability

By selecting Disability, I attest that:

- I irrevocably elect to treat this distribution as a disability distribution under Internal Revenue Code ("Code") § 72(t)(2)(A)(iii).
- I certify that I satisfy the definition of disabled under Code § 72(m)(7) and any conditions for such a distribution under the Code and/or the regulations thereunder.

☐ Transfer/Journal Select one

☐ To another ESA for current Designated Beneficiary

☐ To ESA for another family member under the definition of IRC 530(a) of current ESA Designated Beneficiary must be under 30 years of age unless beneficiary is a "Special Needs."

☐ Death of Designated Beneficiary (DB) Select one

☐ Transfer/Journal to ESA for death beneficiary

☐ Distribute to death beneficiary Name _____ SSN _____

Office Use Only:

Sub Firm # _____

BR Code _____

FA Code _____

Account Number _____

☐ **Removal of Excess Contribution**

Amount of Excess \$ _____ Date Deposited _____ Tax Year _____
Earning/Loss (If blank, back office operations will calculate) \$ _____ Total amount removed \$ _____

Distribution Frequency Type Select one

Only one frequency type may be selected; separate forms are required to establish more than one frequency.

☐ **On Demand** (verbal requests).

You authorize partial distributions from this ESA, based on your selection below, without completing a new form. Upon completion of this form, a distribution may be requested immediately. A new form must be completed if you want to make changes to the Method section. A separate form is needed for each of your ESAs.

☐ **One Time** (single use only).

☐ **Establish New Periodic** Effective _____ (1st – 28th only) or ☐ Last business day

☐ **Change Existing Periodic** Effective _____ (1st – 28th only) or ☐ Last business day

Periodic Distribution Frequency Select one

☐ Annually ☐ Monthly ☐ Semi-annually (every 6 months)

☐ Bimonthly ☐ Semi-monthly (2 times/month) _____ and _____

☐ Biweekly ☐ Quarterly ☐ Weekly (same day each week)

If the date you have selected to receive your distribution has already passed when we receive your signed form, or if the date falls on a holiday or weekend, your distribution will be made on the next available business day. If applicable, subsequent distributions will occur on the correlating day of the month or quarter that you have selected.

Amount

☐ **Cash** - You are responsible for selling enough securities to ensure that cash is available for distributions.

☐ Amount \$ _____

☐ **Securities**. Specify assets below.

Symbol/Security Name	Quantity	Symbol/Security Name	Quantity	Symbol/Security Name	Quantity

Method Select one

☐ **Deposit electronically to Checking/Savings Account via ACH/Money Transfer** - Cannot be used for Transfers to another ESA.

Complete ACH/Money Transfer information below. For a non-Wells Fargo Bank account, proof of ownership is required (such as a voided check or savings deposit slip).

ABA Routing Number (9 digits)	Account Number
Financial Institution Name	
Bank Account Title or Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

☐ **Journal to another internal brokerage account** - Can be used for Transfers to another ESA.

Account Name	Account Number
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☐ **Check** - If you would like your check mailed, indicate below. Can be used for Transfers to another ESA.

Name (Payable to)			
Mail to Address (if different than address of record)	City	State or Province	Postal Code

☐ **Wire Funds** - Can be used for Transfers to another ESA.

- Fees may apply.
- Fill out the wire instructions on the last page of this form.

Office Use Only: _____
Sub Firm # BR Code FA Code Account Number

Section 4: Responsible Individual Signature and Acknowledgment

By signing below, you:

- Certify that you are the Responsible Individual named on this ESA.
- Affirm that all information provided is true and accurate.
- Understand the contribution is considered current year, unless you indicate "Annual: Prior Year" above. Periodic contributions will be current year only.
- Understand that the IRS determines the annual maximum contribution limit that you may contribute each year. You understand that if you should exceed that contribution maximum, you are responsible for any penalties and interest imposed by the IRS.
- Agree that the ESA Custodian shall in no way be held responsible, and you expressly assume responsibility, for:
 - Any tax implication, or
 - Adverse consequences which may arise as a result of this deposit.
- Authorize the ESA Custodian to initiate a money transfer of a contribution to your account if you elected to make a contribution via money transfer by signing below.
- Authorize transactions, based on verbal instructions, from your account at the financial institution identified in the money transfer section of this form, for credit to your ESA held with the ESA Custodian.
- ESA-to-ESA Rollover Acknowledgment - Hereby confirm and agree that if this is a 60-day ESA-to-ESA rollover:
 - All of the information in Section 2 of this form (as applicable) is true and accurate and was completed prior to my review of this Form; and
 - I understand that the investment and other costs associated with my ESA may be greater in certain respects than any such costs currently incurred with respect to my current ESA being rolled over and notwithstanding any such increases in cost, I still wish to proceed with the rollover.

Signature of Responsible Individual

Signature	Printed Name	Date Signed

Federal Wire Funds Request

Domestic or Foreign – Fee May Apply

Wire Instructions

Bank Name		ABA Routing Number (Domestic Only)	
Bank Address	Bank City	Bank State or Province	Bank Country (Foreign Only)
Name on Bank Account		Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Recipient Name		Recipient Address (no PO Box or APO)	
Swift/BIC Code (Foreign Only)	IBAN Number (if applicable)	IFSC Number (India)	Sort Code
Intermediary Bank Name		Account Number	
Intermediary Bank Information <input type="checkbox"/> ABA Number <input type="checkbox"/> SWIFT Number: <input type="text"/>			
Purpose of Wire Examples: Real Estate Closing, Business Operating Expense, Medical Expense, Vehicle Purchase, Education Expense			
Special Instructions		Further Credit (if applicable)	

SUBMIT THIS PAGE ONLY IF REQUESTING A FEDERAL WIRE

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