

Education Savings Account Request

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Complete this form to request a distribution, a withdrawal of an excess contribution or to change the Designated Beneficiary/Child on an Education Savings Account (ESA). If you need to change the Successor Beneficiary (the person who will inherit the assets of the ESA at the death of the Original Designated Beneficiary) complete the Education Savings Account Enrollment and Change of Beneficiary form.

ACCOUNT INFORMATION

Designated Beneficiary (Child) Name		Designated Beneficiary SSN	Date of Birth
Designated Beneficiary Street Address		City	State
			Zip Code
Responsible Party Name			Date of Birth
Responsible Party Street Address, if different		City	State
			Zip Code

DISTRIBUTION REQUEST

Distributions from an Education Savings Account will be tax free if taken to pay Qualified Education Expenses. Generally, these are expenses required for the enrollment or attendance of the designated beneficiary (child) at an eligible school. In addition to certain higher education expenses, certain expenses for education at elementary and secondary schools can also be qualified education expenses (e.g., tuition, fees, books, supplies, equipment, certain room and board expenses). If the distribution is not used for qualified education expenses, the "earnings" portion of the distribution will be included in the designated beneficiary's gross income and is generally subject to an additional 10% penalty tax. Any balance in an Education Savings Account at the time the beneficiary dies or becomes 30 years old (except in the case of a "special needs beneficiary") must be distributed or transferred. See the Education Savings Account Disclosure Statement and Custodial Agreement for more information. Tax Withholding is not an option for Education Savings Accounts.

- Request a one-time partial Distribution
 Request to close account and withdraw balance
 Distribution to 529 Plan
 Periodic Distribution
 This distribution is due to the Designated Beneficiary (child) being
 Disabled or Deceased

WITHDRAWAL OF EXCESS CONTRIBUTION

An excess contribution occurs when more than the annually permitted amount is contributed to the ESA, or is the result of an ineligible rollover contribution. The IRS 6% penalty tax assessed on excess contributions may be avoided if, for the year in which the contribution was deposited, you remove your excess contributions made during the calendar year (and any earnings on them) before the first day of the sixth month of the following tax year [June 1st]. Please note that the earnings are taxable in the year the contribution is made, which is not necessarily the year the earnings are distributed. If the excess contribution for a year is not withdrawn by the dates outlined above, you may be subject to additional taxes, including a 6% IRS penalty tax. You must pay the 6% tax for each year the excess amount remains in your IRA account. Please contact your tax advisor, as there may be additional taxes and/or penalties.

Excess Contribution: Date Deposited: _____ Year tax applied: _____
 Amount of Excess \$ _____ Earnings/Loss (if left blank, IRA will calculate) \$ _____ Total Amount \$ _____

DISTRIBUTION INSTRUCTIONS

Method	Check: <input type="checkbox"/> Mail to me at the address of record. <input type="checkbox"/> Hold for Pick-up - at Branch <input type="checkbox"/> Mail a check to: _____ Address: _____ <input type="checkbox"/> Journal <input type="checkbox"/> Non-IRA or <input type="checkbox"/> IRA brokerage Account Number _____ Account Name _____ <input type="checkbox"/> FedWire Funds Domestic and Foreign: Fees apply - fill out information on Page 1a.	<input type="checkbox"/> Deposit electronically via ACH BANK INFORMATION Name on Account _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Name of Bank _____ City _____ State _____ ABA/Routing # _____ Account # _____
	Periodic Distribution <input type="checkbox"/> Establishing New - effective _____ (1st - 28th) Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly (every 3 months) <input type="checkbox"/> Change Existing - effective _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually (every 6 months) <input type="checkbox"/> Cancel Existing Instructions <input type="checkbox"/> Semi-Monthly (2 times/month) <input type="checkbox"/> Annually (once a year)	
Amount:	Cash: \$ _____ <input type="checkbox"/> Securities: Specify assets Symbol or CUSIP: _____ Number of Shares: _____ <input type="checkbox"/> Separately signed page attached for additional assets.	

CHANGE OF DESIGNATED BENEFICIARY (Child)

The ESA Custodian is hereby instructed to change the Designated Beneficiary (child) on the above referenced account to a new Designated Beneficiary:

Name _____ Social Security No. _____ New ESA Number _____

I understand that the new Designated Beneficiary must be a member of the presently named Designated Beneficiary's "family" under the definition of IRC 530(a) and that the new Designated Beneficiary must be under 30 years of age unless the beneficiary is a "Special Needs Beneficiary". Changing the Designated Beneficiary requires that a new Education Savings Account be established.

CLIENT SIGNATURE AND ACKNOWLEDGEMENT

I certify that I am the Responsible Party named on this Education Savings Account and that all information provided is true and accurate. I further certify that no tax advice has been given to me by the ESA Custodian, my Financial Advisor or the broker-dealer servicing my account. I expressly assume the responsibility for any tax implications and any adverse consequences which may arise from this withdrawal. I agree that the ESA Custodian and any of its affiliates may reasonably reply on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact.

Signature of Responsible Party X	Print Name	Date
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For more information about your ESA Custodian and the terms and conditions of your ESA account, please carefully review the WFCS ESA Disclosure Statement and Custodial Agreement.

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.

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Federal Wire Funds Request – Domestic or Foreign

Fee may apply

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Account Title			
Bank Name			ABA Routing Number (Domestic only)
Bank Address	Bank City	Bank State	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"/> Chips Participant ID <input type="checkbox"/> Chips Universal ID <input type="checkbox"/> Fr Nostro <input type="checkbox"/> SWIFT Number: _____			
Special Instructions	Further Credit (if applicable)		Purpose of Wire

SUBMIT THIS PAGE ONLY IF REQUESTING WIRE FEDERAL FUNDS

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