

**COVERDELL ESA DIRECT TRANSFER
INSTRUCTIONS (FORM 2525E)**

Please Print or Type

TO: _____
Current Coverdell ESA Fiduciary Account Number at Current Institution

Mailing Address of Current Coverdell ESA Fiduciary

Name of Designated Beneficiary of Distributing ESA (First, Initial, Last) Social Security Number

Please liquidate and transfer from the Coverdell ESA you are maintaining on behalf of the designated beneficiary named above the amount indicated in the Amount and Timing of Transfer section below to the Coverdell ESA described in the Identifying Information section below. **Make the check payable as follows: Name of Financial Organization, F/B/O Designated Beneficiary named below.** Note on the check that it is for deposit to account number _____ at the financial organization. Attach the check to a copy of this form and send it to the financial organization at the address provided below. The financial organization can only accept a check to implement this transfer, so please don't send it in any other form.

IDENTIFYING INFORMATION

Name of Designated Beneficiary of Receiving ESA (First, Initial, Last) Financial Organization Name

Social Security Number ESA Suffix Financial Organization Mailing Address

CID# (Organization will complete.) City, State, ZIP

()

Phone Number

Contact Person at Financial Organization

AMOUNT AND TIMING OF TRANSFER

Liquidate the current investment and transfer the proceeds as follows. **Check one box in each column.**

Amount to transfer:

1. \$ _____

2. The entire amount in my account and close my account.

Make this transfer:

1. On _____ Date (MM/DD/YYYY)

2. Immediately.

3. At maturity of the investment.

FINANCIAL ORGANIZATION'S SIGNATURE

The financial organization named above agrees to act as successor trustee or custodian and accept the transfer described above for deposit to the Coverdell ESA established on behalf of the designated beneficiary named above.

X

Organization Representative's Signature Date (MM/DD/YYYY)

RESPONSIBLE INDIVIDUAL'S SIGNATURE

I certify that I am the responsible individual of the current Coverdell ESA identified at the top of this form. I authorize the fiduciary of the current Coverdell ESA to liquidate the above described portion of the plan and send the proceeds to the Coverdell ESA at the financial organization as directed on this form. I also certify that the designated beneficiary of the receiving ESA is either the designated beneficiary of the distributing ESA or is a member of his or her family as defined in IRC 529(e)(2), and the designated beneficiary of the receiving ESA has not attained age 30 or is a special needs beneficiary. (The responsible individual should check with the fiduciary that currently has the funds to determine whether a signature guarantee is required.)

Name of Responsible Individual of Distributing ESA (PLEASE PRINT)

X

Signature of Responsible Individual of Distributing ESA Date (MM/DD/YYYY)