

Coverdell Education Savings Account (ESA) Authorization

depositor's name (please print) depositor's social security number home phone number work phone number

child's name (designated beneficiary) designated beneficiary's SSN # designated beneficiary's member account number (10-digit)

DEPOSITOR: Are you an Alliant Credit Union member? yes no

DEPOSIT to a Coverdell ESA \$ _____

TRANSFER from savings account # _____ to Coverdell ESA \$ _____

Please complete one authorization form for each child (designated beneficiary).

depositor's signature (required) date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735