

## COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) WITHDRAWAL

ESA Share       ESA Share Certificate

coverdell ESA designated beneficiary's name (child's name)		contact phone number	member account number (10-digit)
street address			city
state	zip code	social security number	\$
			withdrawal amount

### Check The Appropriate Type Of Withdrawal

#### Service Center Withdrawals

- ESA** (Payable to designated beneficiary, responsible individual or school.)
- Disability**

#### HDQCU Withdrawals

- Death**
- Current Year Excess Contribution** - Withdrawn **BEFORE TAX RETURN** due date. Contribution was made in the same year as this withdrawal. Income attributable to the excess contribution may be subject to a 10% IRS penalty.
- Prior Year Excess Contribution** - Withdrawn **BEFORE TAX RETURN** due date. Contribution was made in the year prior to this withdrawal. Income attributable to the excess contribution may be subject to a 10% IRS penalty.

#### ESA Direct Transfer

- Transfer Directly** from one ESA Plan to another ESA Plan or other qualified tuition program.
- Transfer to Coverdell ESA** for the benefit of a family member of the designated beneficiary.

\_\_\_\_\_  
 name (must be under age of 30)      Alliant member account number (10-digit)

- Transfer to Coverdell ESA owned by my ex-spouse** - This form must be signed by member in addition to receiving the properly signed transfer form from the other institution. We also require a copy of the divorce decree.

**Mail to:**                       home address  
 or  
**Deposit to my Alliant:**     savings                       supplemental savings                       checking

Remarks: \_\_\_\_\_

PLEASE REFER TO COVERDELL EDUCATION SAVINGS ACCOUNT CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT FOR FURTHER INFORMATION.

### Responsible Individual's Signature

I certify that the information on this form is correct and that I am the proper party to authorize this withdrawal.

\_\_\_\_\_ responsible individual's name (please print)

**X** \_\_\_\_\_ responsible individual's signature (required) date

**X** \_\_\_\_\_ credit union representative authorized signature date

**Return completed form to Alliant Credit Union. FAX: (773) 462-8735**