

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- ☐ **Current Year Excess Contribution** - Withdrawn **BEFORE TAX RETURN** due date.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- ☐ **Prior Year Excess Contribution** - Withdrawn **BEFORE TAX RETURN** due date.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