



# Coverdell ESA

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish documenting the deposit to the account.

## OWNER INFORMATION

Last Name First MI

Tax ID Date of Birth

Account Type Account Number  
Coverdell ESA

## FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

## DEPOSIT INFORMATION

Deposit Type Amount Tax Year

- Regular Contribution
- Prior-Year Contribution
- Transfer
- Rollover

Date of Deposit

### Deposit Method

- Cash
- Check payable to:  
Date on check: (MM/DD/YYYY)
- Transfer from account#  
at  
Source of assets (where money is coming from):
  - Coverdell ESA
  - Non-education account (i.e., checking, savings)

**INVESTMENT OPTIONS**

Name	Minimum Deposit	Dividend Rate	Annual Percentage Yield	Investment Number	Amount

**SIGNATURE**

I certify that the **Deposit** described above is eligible to be contributed to the Coverdell ESA. I understand that my investment decisions regarding the account are my sole responsibility and I have been advised to seek competent tax and investment advice. I authorize the Custodian to invest my assets as instructed above, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as a regular contribution for a prior year, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Coverdell ESA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have not received any legal or tax advice from the Custodian and any assistance provided by the Custodian is not to be construed as such.

Print Contributor Name

Contributor Signature

Date

Print Responsible Individual Name

Responsible Individual Signature

Date

Print Custodian Representative Name

Custodian Representative Signature

Date