



## 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

Coverdell ESA

Account Number

### FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

### DEPOSIT INFORMATION

Deposit Type

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

Amount

Tax Year

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	Divident 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 Trustee to invest my assets as instructed above, and I will indemnify and hold the Trustee 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 Trustee and any assistance provided by the Trustee is not to be construed as such.

Print Contributor Name

Contributor Signature

Date

Print Responsible Individual Name

Responsible Individual Signature

Date

Print Trustee Representative Name

Trustee Representative Signature

Date