Coverdell Education Savings Account "ESA" Distribution Form

- Use this form to request a one-time distribution from a Coverdell Education Savings Account (CESA). We recommend that you speak with a tax advisor or financial professional regarding the consequences of this transaction.

1. ACCOUNT INFORMATION

Designated Beneficiary's First and Last Name

Beneficiary's Date of Birth

Responsible Individual First and Last Name

Fund Family Name

CESA Account Number

Mailing Address

City

Zip Code

Daytime Phone Number

2. DISTRIBUTION INFORMATION

- ○ I wish to withdraw my entire account balance.
- ○ I wish to make a one-time, partial withdrawal of $
  - ○ I wish to withdraw the requested amount proportionately across all investments.
  - ○ I wish to withdraw the requested amount from my investments as indicated in the chart below.

*If no election is made, we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount ($)
Total:		

3. PAYMENT INSTRUCTIONS **Denotes that a Medallion Signature Guarantee (MSG) is required

○ **By Mail**

○ Mail check(s) to the address of record

○ Make check(s) payable to an educational institution (Indicate payee below)**

Make check payable to

EIN

Street Address (Physical Address)

City

State

Zip Code

If the check is payable to a third-party, additional information may be requested to complete the request and an MSG is required in section 4

○ **Send to My Bank**

Send distributions to my bank by Automated Clearing House (ACH) based on the

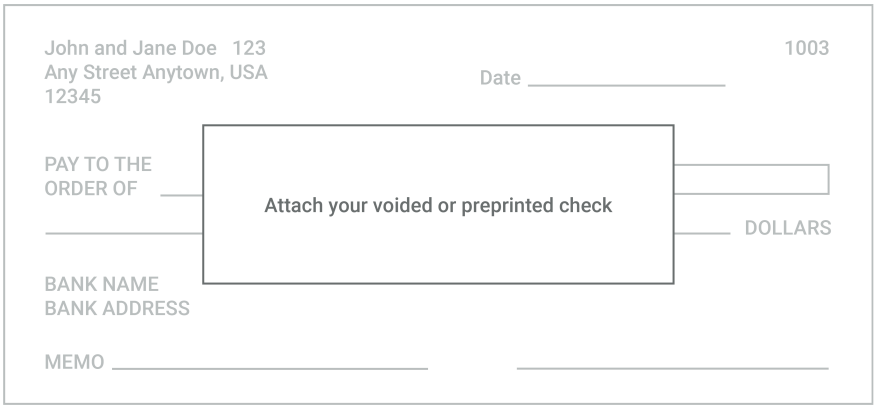
○ ACH instructions already established for my CESA ○ Bank Account Information below **

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:
NOTE: Wire transfers are not available for Systematic Withdrawals.

○ Wire instructions already established for my CESA ○ Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund account and deposit to my bank account. I understand this privilege will be effective after the verification process.
Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Account Type: ○ Checking ○ Savings



4. ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this *CESA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to make distributions as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian/Transfer Agent.

Signature of CESA Responsible Individual (or other authorized person):

Account Owner Signature	Date

Note: Please sign your name exactly how it appears in the registration.
A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

Medallion Signature
Guarantee Stamp

5. MAILING INSTRUCTIONS

Please send completed form to:

Regular Delivery
Ultimus Fund Solutions, LLC
P.O Box 46707
Cincinnati, OH 45246

Overnight Delivery
Ultimus Fund Solutions, LLC
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
1-877-513-0756