

[CLEAR FORM >>](#)

Use this **COVERDELL ESA TRANSFER REQUEST** Form to move ESA assets from one Coverdell ESA to another.

You will need to complete a **New Account Agreement** if you do not already have an account established. If you have questions regarding this form, please call Shareholder Services at 1-888-345-1898.

## PART I: INVESTOR INFORMATION (Receiving IRA)

\*Required Information

_____ Minor's Name* (First, M.I., Last)		_____ Date of Birth*		_____ Social Security Number*	
_____ Responsible Individual's Name* (First, M.I., Last)		_____ Date of Birth*		_____ Social Security Number*	
_____ Responsible Individual's Street Address (Physical Address)*		_____ Apt #		_____ City*	
_____ Mailing Address (if different than above)		_____ Apt #		_____ State*	
_____ Daytime Phone*		_____ Evening Phone		_____ Zip Code*	

## PART II: CURRENT COVERDELL ESA TRUSTEE, CUSTODIAN OR ISSUER

▶ **Please attach a recent statement.**

_____ Name of Current ESA Trustee/Custodian/Issuer*		_____ Current ESA Account/Plan Number*			
_____ P.O. Box or Street Address (Physical Address)*		_____ Suite #		_____ City*	
_____ Name of Contact*		_____ Contact's Phone*		_____ State*	
				_____ Zip Code*	

▶ **NOTE:** If you wish to have paperwork sent overnight, please provide the physical street address.



## PART V: ACKNOWLEDGMENT

By signing this Coverdell ESA Transfer Request form, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will identify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. The Trustee/Custodian agrees to accept this transfer as instructed above.

Signature of Responsible Individual:

X \_\_\_\_\_ Date: \_\_\_\_\_

## PART VI: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following instructions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 14 Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and nation securities exchanges)
- Foreign branches of any of the above

► **NOTE:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associates, or saving banks.



## PART VII: LETTER OF ACCEPTANCE (To be completed by new custodian)

By signing below, the Trustee/Custodian of the receiving ESA agrees to accept this transfer as instructed above.

Signature of Receiving ESA Trustee/Custodian Representative:

X \_\_\_\_\_ Date: \_\_\_\_\_

## MAILING INSTRUCTIONS

Please send completed form to:

**REGULAR MAIL DELIVERY**

Commonwealth International Series Trust  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**OVERNIGHT DELIVERY**

Commonwealth International Series Trust  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246