

# Coverdell ESA Transfer Request

**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 I	Number*		
Responsible Individual's Name* (First, M.I., Last)		Date of Birth*	Social Security I	Social Security Number*		
Responsible Individual's Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*		
Mailing Address (if different than above)	Apt #	City	State	Zip Code		
Daytime Phone*		Evening Phone				
PART II: CURRENT COVERDELL ESA TRUSTEE, C	USTODIAN (	OR ISSUER				
▶ Please attach a recent statement.						
Name of Current ESA Trustee/Custodian/Issuer*		Current ESA Account/Pla	n Number*			
P.O. Box or Street Address (Physical Address)*	Suite #	City*	State*	Zip Code*		
Name of Contact*		Contact's Phone*				

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

☐ THIS IS A NEW ACCOUNT; a completed New Account Agreement is attached.
☐ The proceeds of this transfer will purchase shares into my existing account as listed below.
Account Number

#### TRANSFER ALLOCATION

PART III: TRANSFER INSTRUCTIONS

List the percentage that will be transferred using whole percentages. The total must add up to 100%.

NAME OF INVESTMENT		INVESTMENT		
Commonwealth Australia/New Zealand Fund		\$	or	%
Africa Fund		\$	or	%
Commonwealth Japan Fund		\$	or	%
Commonwealth Global Fund		\$	or	%
Commonwealth Real Estate Securities Fund		\$	or	%
	TOTAL:	\$	or	%

## **PART VI: LIQUIDATION INSTRUCTIONS**

	an or Issuer to liquidate/transfer assets as follows (select one): proceeds to the new ESA Trustee/Custodian identified below.
	current ESA and send the proceeds to the new ESA Trustee/Custodian identified below.
☐ Other (describe):	
► Please send proceeds by check. Make checks payable  Commonwealth International Series Trust	as follows:  FBO:(Investor's Name)
► Please mail check to:	(mestors maine)

**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

## **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 19 by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, s 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,  NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP	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