COVERDELL
ESA

TRANSFER REQUEST

This form must be completed by the Responsible Individual of the current Coverdell ESA who is requesting the transfer.

TMI Trust Company
Specialized Trust Services

PART 1. RECIPIENT

Designated beneficiary receiving the transfer

Name *(First/MI/Last)* _____
Address Line 1 _____
Address Line 2 _____
City/State/Zip _____
Date of Birth _____
Email Address _____
Account Number _____ Suffix _____

PART 2. ACCEPTING COVERDELL ESA CUSTODIAN

To be completed by the Coverdell ESA custodian receiving the assets

Name TMI Trust Company
Address Line 1 Operations Center
Address Line 2 1100 Abernathy Road, Ste. 480
City/State/ZIP Atlanta, GA 30328
Phone 800-241-5568
DTC/ACAT Participant # _____

STATEMENT REQUIRED – Please attach copy of most recent statement from your current custodian.

PART 3. CURRENT DESIGNATED BENEFICIARY

Name *(First/MI/Last)* _____
Social Security Number _____
Account Number _____ Suffix _____
Responsible Individual Name _____
Responsible Individual Phone _____

PART 4. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

☐ **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

☐ Entire Coverdell ESA Balance ☐ This Transfer Will Close the Current Coverdell ESA

☐ **Recurring Transfer**

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

MAKE PAYABLE TO

TMI Trust Company as Custodian of _____ Coverdell ESA

Name of Accepting Coverdell ESA Custodian — Name of Recipient

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Liquidate Immediately	Transfer at Maturity	Transfer in Kind
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

PART 6. SIGNATURES

I certify that I am the proper party to authorize the transfer of these Coverdell ESA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

TMI Trust Company by signing below agrees to accept the assets being transferred.

X _____ _____
Signature of Responsible Individual — Date *(mm/dd/yyyy)*

X _____ _____
Notary Public/Signature Guarantee *(If required by the custodian)* — Date *(mm/dd/yyyy)*

X _____ _____
Authorized Signature of Accepting Custodian — Date *(mm/dd/yyyy)*

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