

COVERDELL ESA DEATH BENEFICIARY DESIGNATION FORM

Use this form to indicate the person or persons to whom the Coverdell Education Savings Account ("ESA") assets should be paid in the event of the student's death. If a death beneficiary is not designated or if none survive the student, the student's estate will be the death beneficiary. The death beneficiaries named on this form and the percentage of distribution may be changed or revoked at any time by completing a new Coverdell ESA Death Beneficiary Designation Form. This designation revokes any previous one you may have filed with the Funds, its transfer agent or the custodian of your ESA and will become effective only upon receipt by the transfer agent as agent for the custodian.

1. ACCOUNT OWNERSHIP (please print and use pen)

Responsible Individual's Name

Address City State Zip Code

Designated Beneficiary's Name ("Student") Student's Social Security Number

Daytime Phone Number

X

Responsible Individual's Signature Date

2. ACCOUNT INFORMATION

Fund Name Account Number

Fund Name Account Number

Fund Name Account Number

Fund Name Account Number

3. DEATH BENEFICIARIES*

Name	Relationship to You	Date of Birth	%

*Must be a member of the student's family.

TOTAL = 100%