

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 | % |
| Name | Relationship to You | Date of Birth | % |
| Name | Relationship to You | Date of Birth | % |

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

TOTAL = 100%