

**COVERDELL ESA DEATH BENEFICIARY
DESIGNATION/CHANGE (FORM 2503E)**

Please Print or Type

____ CUID (Credit union will complete.)

____ Credit Union Name

____ - ____ - ____ Social Security Number ____ ESA Suffix

____ Coverdell ESA Designated Beneficiary's Name (First, Initial, Last)

____ Account Number

This form is to be completed by the Responsible Individual.

(Before filling out the "DESIGNATION OF DEATH BENEFICIARY" section, please see instructions on reverse side.)

DESIGNATION OF DEATH BENEFICIARY

(Revocable)

PRIMARY Death Beneficiary

____ Name ____ Relationship to the Designated Beneficiary ____ Birth Date (MM/DD/YYYY) ____ Social Security Number

____ Mailing Address ____ City, State, ZIP

SECONDARY Death Beneficiary

____ Name ____ Relationship to the Designated Beneficiary ____ Birth Date (MM/DD/YYYY) ____ Social Security Number

____ Mailing Address ____ City, State, ZIP

(This death beneficiary designation overrides all previous designations for this Coverdell ESA. If the Designated Beneficiary has more than one Coverdell ESA, you must fill out a separate Death Beneficiary Designation/Change Form for each Coverdell ESA.)

COVERDELL ESA RESPONSIBLE INDIVIDUAL'S SIGNATURE

(This death beneficiary designation is not effective unless signed.)

X

____ Responsible Individual's Signature

____ Date (MM/DD/YYYY)

DESIGNATING BENEFICIARIES

General Instructions. A death beneficiary can be a person, trust, charity, or the Designated Beneficiary's estate. Make sure that you write the full names of all beneficiaries.

Order of Payment. To qualify to receive money from the ESA, a human death beneficiary must be alive after the Designated Beneficiary's

death. If the primary death beneficiary named qualifies to receive money, then all of the money will be paid to this death beneficiary. The money will be paid to the secondary beneficiary **ONLY** if the primary death beneficiary does not qualify to receive money.