COVERDELL ESA
CONTRIBUTION DIRECTION (FORM 2515E)

Please Print or Type

___ ___ ___ ___ ___
CUID **(Credit Union will Complete)**

___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___ ___
Designated Beneficiary's Social Security Number ESA Suffix

_____
Credit Union Name

_____
Designated Beneficiary's Name (First, Initial, Last)

_____
Account Number

CONTRIBUTOR INFORMATION

_____
Contributor's Name (First, Initial, Last)

_____
Contributor's Street Address

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Contributor's Social Security Number

_____
Contributor's Address (City, State, ZIP Code)

GENERAL INFORMATION

A contribution made to a Coverdell ESA from January 1 through the tax return due date (usually April 15) can be treated either as a contribution for the current year or as a contribution for the preceding year.

We are required to report to the IRS how you want to treat each contribution made during this time period.

Please tell us the tax year to which your contribution applies by completing and signing this form.

Do not complete this form for direct transfers or rollover contributions.

CONTRIBUTION AMOUNT AND TAX YEAR

$_____
Amount of Contribution

_____
Tax Year to Which Contribution Applies (YYYY)

CONTRIBUTOR'S SIGNATURE

Contributor's signature is required for all contributions.

X _____
Contributor's Signature

_____
Date (MM/DD/YYYY)

For Credit Union Use Only

_____
Name of Credit Union Employee Who Took Deposit

_____
Date of Deposit (MM/DD/YYYY)

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