

**DEATH BENEFICIARY DESIGNATION***This death beneficiary designation overrides all previous designations for this Coverdell ESA.***PART 1. DESIGNATED BENEFICIARY**

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

**PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN***To be completed by the Coverdell ESA trustee or custodian*

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Organization Number \_\_\_\_\_

**PART 3. DEATH BENEFICIARY DESIGNATION**

I designate that upon the designated beneficiary's death, the assets in this account be paid to the death beneficiaries named below. The interest of any death beneficiary that predeceases the designated beneficiary terminates completely. If no death beneficiaries are named, the designated beneficiary's estate will be the death beneficiary. *(The term relationship will be used below to mean the relationship to the designated beneficiary.)*

**PRIMARY DEATH BENEFICIARIES** *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Coverdell ESA.)*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

**CONTINGENT DEATH BENEFICIARIES** *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Coverdell ESA. The balance in the account will be payable to these death beneficiaries only if all primary death beneficiaries have predeceased the designated beneficiary.)*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Check here if additional death beneficiaries are listed on an attached addendum. Total number of addendums attached to this Coverdell ESA \_\_\_\_\_

**PART 4. SIGNATURES**

I certify that I am authorized by the Coverdell ESA agreement to replace death beneficiaries at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding the death beneficiary designations.

I designate the persons or entities named above as the primary and/or contingent death beneficiaries of this Coverdell ESA. I hereby revoke all prior death beneficiary designations.

**X** \_\_\_\_\_  
 Signature of Coverdell ESA Responsible Individual

\_\_\_\_\_  
 Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date (mm/dd/yyyy)