



Coverdell Education Savings Account Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

Use this form to request a distribution from your Coverdell Education Savings Account. Consult your tax advisor or financial professional for information regarding distributions and taxation.

Designated Beneficiary Information (Child)

Child's Name (First, Middle, Last)

Child's Date of Birth (mm/dd/yyyy)

Child's Social Security Number

Responsible Individual Information (Parent/Guardian)

Responsible Individual's Name (First, Middle, Last)

Home Phone Number

Business Phone Number

Distribution Information

- Full account distribution
- Partial account distribution

Fund Name/Account Number

Amount (Note dollars, shares or percentage)

Distribution Reason (Check one)

- Qualified educational expenses
- Age 30 attained by designated beneficiary
- Death or disability of designated beneficiary (attach documentation)
- Return of excess contribution for tax year _____
- Other _____

Payment Instructions

- Please send a check to the address of record on the account. (Checks will be made payable to the individuals or entities listed in the Fund account registration.)
- Wire redemption (a wire fee may apply) (A Medallion Signature Guarantee is required if you previously have not established banking instructions.) Please attach a voided check or a pre-printed deposit slip below.
- Electronic funds transfer (no fee applies). (A Medallion Signature Guarantee is required if you previously have not established banking instructions.) Please attach a voided check or a pre-printed deposit slip below.
- Alternative payee and or address other than address of record (A Medallion Signature Guarantee is required.) **Make check payable to:**

Recipient's Name (First/Middle/Last)

Address

City

State

ZIP

John Doe Jane Doe 123 Main Street Anytown, USA 12345	00000
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
1:12345*67891: 1:1234567856781:	

Signatures

The Responsible Individual/Beneficiary hereby authorizes the distribution from this account and certifies that it is in accordance with the provisions of the Coverdell Education Savings Account plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the distribution requirements.

Signature

Date

Print Name

Date

Medallion Signature Guarantee

Your signature(s) must be signature guaranteed to assure that your signature(s) is/are genuine and to protect you from unauthorized requests. **You may obtain a Medallion Signature Guarantee from a bank, brokerage firm or financial institution. Please note that a notary public cannot provide a Medallion Signature Guarantee.**

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee Stamp Joint Owner

For assistance in completing this form, call 1-800-848-0920. Send completed forms to:

Mail:

Nationwide Funds
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Services:

Nationwide Funds
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207