

PART 1. RECIPIENT

Designated beneficiary receiving the transfer

Name (First/Mi/Last) _____
 Date of Birth _____
 Account Number _____ Share ID _____
 Social Security Number _____
 Responsible Individual Name _____

PART 2. ACCEPTING COVERDELL ESA CUSTODIAN

SchoolsFirst Federal Credit Union	
Attn: IRA Services	Overnight Address:
P.O. Box 11547	SchoolsFirst FCU
Santa Ana, CA 92711-1547	Attn: IRA Services
Phone: 800.462.8328	1200 Edinger Ave.
Fax: 714.258.4185	Tustin, CA 92780

PART 3. CURRENT DESIGNATED BENEFICIARY

Name (First/Mi/Last) _____
 Social Security Number _____
 Responsible Individual Name _____
 Responsible Individual Phone _____
 Responsible Individual Date of Birth _____

PART 4. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____
 Account _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)

Entire Coverdell ESA Balance Partial Coverdell ESA Balance Transfer Amount \$ _____ Transfer Date _____

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified below.)

Asset Description _____ At Maturity Immediately

MAKE PAYABLE TO

SchoolsFirst FCU as Custodian FBO: _____ Coverdell ESA
 Name of Recipient

PART 6. SIGNATURES

I certify that I am the proper party to authorize the transfer of these Coverdell ESA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

The custodian signing below agrees to accept the assets being transferred.

X _____
 Signature of Responsible Individual Date (mm/dd/yyyy)

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

 Name of SchoolsFirst Representative Representative User ID

Letter of Acceptance

This letter of acceptance guarantees that the plan designated by the above-named Participant is a valid IRA, qualified retirement plan (as described in IRC Sec. 401(a)), tax-sheltered plan (as described in IRC Sec 403(b)), or a deferred compensation plan (as described in IRC Sec. 457(b)).

The undersigned hereby agrees to serve as the Trustee, Custodian or Plan Administrator for the account of the above named Participant and, in that capacity, agrees to accept the direct rollovers, accepts the annuitization transfer, designated period, and payment frequency. We will accept the monthly payments into the IRA.

Please direct any questions about this letter to 800.462.8328, ext. 4300.

Sincerely,



Jessica Sigala, CIP
Assistant Manager, IRA Services
SchoolsFirst Federal Credit Union