

Section One: Designated Beneficiary Information

Designated Beneficiary	Social Security Number	Date of Birth	Member Number		
Home Address	City	State	Zip	Contact Number	
Responsible Individual	Social Security Number	Contact Number			

Section Two: Distribution Reason Rules and Conditions Applicable

- General Distribution
 Disability
 Death
 This ESA is being rolled over or transferred to another ESA for the following family member: _____

Excess Contribution (Check the appropriate option and indicate the amount of excess in Section three)

- Timely refund of excess contribution, plus earnings removed on or before **May 31** of the year following the year for which the contribution was made. Earning are taxable to recipient for the tax year the contribution was made.
 Refund of excess contribution after tax filing deadline (no earning will be returned.)

Rules and Conditions Applicable

GENERAL INFORMATION: The Coverdell ESA Responsible Individual (you) must supply all requested information so the Trustee or Custodian can do the proper tax reporting.

DISTRIBUTION REASON: You are required to give the reason for taking the withdrawal from the Coverdell ESA.

Transfer: If the distribution was made directly (trustee-to-trustee) from one Coverdell ESA to another Coverdell ESA. A transfer is reported to the IRS on form 1099-Q by checking box 4. The Custodian may also choose to report the transfer by using a Code 1 in the blank box below boxes 5 and 6 on the form 1099-Q.

Disability. The distribution was made after the Designated Beneficiary was disabled. If the disability renders the Designated Beneficiary unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to his or her death. Disability are reported to the IRS on form 1099-Q. The custodian may also choose to report the disability distribution by using code 4 in the blank box below boxes 5 and 6 on the form 1099-Q.

Death. If this distribution will be made to a death beneficiary, proof, in a form acceptable to the Custodian, must be provided to verify entitlement to receive the distribution. Death distribution are reported to the IRS on form 1099-Q. The Custodian may also choose to report the death distribution by using Code 5 in the blank box below boxes 5 and 6 on the form 1099-Q.

Excess Contribution Removal. If an excess contribution was made to the Coverdell ESA, you must take the appropriate steps to remove the distribution. Depending upon when you take the necessary action and the amount of the excess contribution, there may be an IRS excess contribution penalty and or tax. The removal of excess contribution is reported on form 1099-Q. The Custodian may also choose to report the removal of the excess contribution by using code 2 or 3 in the blank box below boxes 5 and 6 on the form 1099-Q depending on the timing of the removal.

General Distribution. Any distribution taken for any reason other than previously listed. For example, a direct payment to the educational facility for education expenses of the Designated Beneficiary would be included in this category and reported to the IRS on form 1099-Q. The Custodian may also choose the prohibited transaction by using a code 1 in the blank box below boxes 5 and 6 on the form 1099-Q.

Section Three: Distribution Amount

<input type="radio"/> FULL	Share ID	Dollar Amount	Immediately	At Maturity
<input type="radio"/> PARTIAL _____			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> AMOUNT OF EXCESS _____				

Section Four: Distribution Method

- Check Payable to: _____
 SchoolsFirst FCU Account Number: _____

Section Five: Witnessed and Accepted by SchoolsFirst FCU:

I certify that I am the proper party to authorize payment(s) from this Coverdell ESA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to withdrawals in section two on this form and agree to abide by those rules and conditions. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

 Beneficiary / Responsible Individual Signature _____
 Date

Section Six: Witnessed and Accepted by SchoolsFirst FCU:

SchoolsFirst FCU Representative Name	SchoolsFirst FCU Representative Signature	Date	Representative User ID
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For questions contact us at 800.462.8328

Fax to: 714.258.4262

Mail to: **SchoolsFirst FCU**
Attn: Member Retirement Services
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Santa Ana, CA 92711-9756