

# COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION FORM



## SECTION 1: Responsible Party

Parent or Guardian of the Designated Beneficiary

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )

( )

Day Phone

Evening Phone

E-mail Address

Relationship to Designated Beneficiary

## SECTION 2: Designated Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )

( )

Day Phone

Evening Phone

E-mail Address

## SECTION 3 : Reason for Distribution

A reason must be identified for the withdrawal.

### Distribution for a Qualified Education Expense

☐ This distribution is being used for the qualified education expenses of the Designated Beneficiary.

### Distribution Not Used for Education Expenses

☐ Permanent Disability of the Designated Beneficiary within the meaning of section 72(m)(7) of the Internal Revenue Code.

☐ Death: You are the Beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.

☐ Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? \_\_\_\_\_

☐ Removal of excess contribution after deadline. In which tax year was the contribution made? \_\_\_\_\_

☐ This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

☐ Age 30 attained by Designated Beneficiary.

## SECTION 4: Distribution Amount

If withdrawing from multiple funds, one form per Fund is required.

Account Number

☐ I am withdrawing the total value of the Fund.

☐ I am making a partial withdrawal from this Fund. \$ \_\_\_\_\_

Amount

## SECTION 5: Payee

☐ Account Owner

☐ Beneficiary

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

☐ 3rd Party\*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

## SECTION 6: Payment Instructions

☐ Mail a check to my address of record. ☐ Mail a check to an alternate address.\*

\*Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

☐ Purchase into an existing non-retirement mutual fund account #: \_\_\_\_\_ Account Number \_\_\_\_\_

☐ Purchase into a new non-retirement mutual fund account (include a completed new account application).

☐ Send by ☐ ACH Transfer or ☐ Wire Transfer to my existing bank instructions on file.

☐ Send by ☐ ACH Transfer or ☐ Wire Transfer to my new bank instructions listed in Section 7.\*

\* A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record.

## SECTION 7: Bank Information

**Account type:** ☐ Checking ☐ Savings

Name on Bank Account \_\_\_\_\_ Bank Name \_\_\_\_\_

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) \_\_\_\_\_ Bank Account Number (Second set of numbers at the bottom of check or deposit slip) \_\_\_\_\_

**Please attach a voided check or savings deposit slip from the specified bank account.**

■ Adding/changing bank information requires a **Medallion Signature Guarantee**. Please see Section 9.

I authorize DGI Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that DGI Fund will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to DGI Fund. The termination request will be effective as soon as DGI Fund has had reasonable time to act upon it.

## SECTION 8: Signatures

I authorize DGI Fund to make the changes indicated to my account.

I authorize DGI Fund, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither DGI Fund nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Responsible Individual's Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

## SECTION 9: Medallion Signature Guarantee

A **Medallion Signature Guarantee** is required when distributing money to an address/bank other than the address/bank of record or making the payment to a party other than the owner of record.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. Signatures notarized by a Notary Public are not acceptable. Most banks offer the Medallion Signature Guarantee (MSG) service to banking clients. Please contact your banking institution or one of the following types eligible MSG guarantor institutions if you need a MSG.

A **Medallion Signature Guarantee** is required for adding or changing bank information in addition to authorizing wire transfers on this account.

Eligible guarantor's:

- Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

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Medallion Signature Guarantee Stamp (*ID Required*)

Bank or Dealer Firm

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Officer's Title

Officer's Signature

Date (*MM/DD/YY*)

[STAMP]

### Please mail completed form to:

#### Mailing Address

The Disciplined Growth Investors Fund  
PO. Box 219554  
Kansas City, MO 64121-9554

#### Overnight Address

DGI Fund  
801 Pennsylvania Ave  
Suite 219554  
Kansas City, MO 64105-1307

If you have any questions, please contact an Investor Service Representative at 1-855-DGI-Fund (344)-(3863) or visit [www.DGIFund.com](http://www.DGIFund.com).