



COVERDELL EDUCATION SAVINGS ACCOUNT DESIGNATION OF BENEFICIARY

CURRENT DESIGNATED BENEFICIARY'S NAME AND ADDRESS			COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number	Date of Birth	Home Phone	Coverdell ESA Account Identification		Trustee's or Custodian's Phone Number

Complete one of the following options and the signatures section.

OPTION ONE	COVERDELL ESA DESIGNATED BENEFICIARY
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I designate the individual named below as the designated beneficiary of this Coverdell ESA and hereby revoke all prior designated beneficiary designations.

Designated Beneficiary's Name and Address	Date of Birth	Social Security Number	Home Phone	Relationship to Current Designated Beneficiary

OPTION TWO	COVERDELL ESA DEATH BENEFICIARY(ies)
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Select One:

- REPLACE DEATH BENEFICIARY(IES)** – I designate the individual(s) or entity named below as the primary and/or contingent death beneficiary(ies) of this Coverdell ESA and hereby revoke all prior death beneficiary(ies) designations, if any.
- ADD DEATH BENEFICIARY(IES)** – I designate the individual(s) or entity named below as the primary and/or contingent death beneficiary(ies) of this Coverdell ESA. This list supplements, but does not replace, the death beneficiary(ies) previously designated on the date specified. *(When adding death beneficiaries, if the share % of previously designated death beneficiary(ies) changes, restate all death beneficiaries and the corresponding share % if the previous percentages are no longer correct.)*

_____ (Document death beneficiary(ies) are listed on) _____ (Date)

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the Coverdell ESA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before the designated beneficiary, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary(ies) shall be increased on a pro rata basis. If no primary death beneficiary(ies) survives the designated beneficiary, the contingent death beneficiary(ies) shall acquire the designated share of the Coverdell ESA.

No.	Death Beneficiary's Name and Address	Date of Birth	Social Security Number	Relationship to Designated Beneficiary	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

SIGNATURES

I certify that I am authorized by the Coverdell ESA plan agreement to change the designated beneficiary and/or change or add death beneficiaries at any time by completing and delivering the proper form to the Trustee or Custodian. In addition, if this form is being used to change the current designated beneficiary, I certify that the designated beneficiary named above is a member of the current designated beneficiary's family as described in Section 529(e)(2). The Trustee or Custodian has provided no tax or legal advice to me regarding my beneficiary designations.

_____ (Coverdell ESA Responsible Individual/Contributor)

_____ (Date)

_____ (Witness)

_____ (Date)

Rules And Conditions Applicable To Designation of Beneficiaries

**(Option One)
COVERDELL ESA
DESIGNATED
BENEFICIARY**

The Designated Beneficiary can generally be changed from one Designated Beneficiary to a member of that individual's family. Qualified family members of the Designated Beneficiary include the Designated Beneficiary's child, grandchild, or stepchild, brother, sister, stepbrother, or stepsister, nephew or niece, parents, stepparents, or grandparents, uncle or aunt, spouses of all the family members listed above, cousin, and Designated Beneficiary's spouse.

**(Option Two)
COVERDELL ESA
DEATH
BENEFICIARY(IES)**

This option is designed to replace or add Coverdell ESA death beneficiaries. Any balance to the credit of the Designated Beneficiary shall be distributed within 30 days of the date of such Designated Beneficiary's death unless the designated death beneficiary is a family member of the Designated Beneficiary who is under the age of 30 on the date of death. In such a case, the family member shall become the Designated Beneficiary as of the date of death.