



COVERDELL EDUCATION SAVINGS ACCOUNT CHANGE OF ACCOUNT INFORMATION

*This form should not be used to change the Designated Beneficiary
or to replace or add Death Beneficiaries.*

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	

ACCOUNT INFORMATION TO BE CHANGED OR CORRECTED
Complete only applicable items.

OPTION ONE	DESIGNATED BENEFICIARY
	NAME _____
	ADDRESS _____ _____
	SOCIAL SECURITY NUMBER _____
	DATE OF BIRTH _____
	HOME PHONE _____
	COVERDELL ESA ACCOUNT IDENTIFICATION _____
	OTHER _____ _____

OPTION TWO	RESPONSIBLE INDIVIDUAL
	<i>Please check one of the following options.</i>
	<input type="checkbox"/> Replace Responsible Individual
	<input type="checkbox"/> Correct information for existing Responsible Individual
	NAME _____
	ADDRESS _____ _____
	SOCIAL SECURITY NUMBER _____
	DATE OF BIRTH _____
	HOME PHONE _____
	BUSINESS PHONE _____
	RELATIONSHIP TO DESIGNATED BENEFICIARY _____

SIGNATURE
<div style="display: flex; justify-content: space-between;"> _____ (Completed By) _____ (Date) </div>