

# AMUNDI US COVERDELL EDUCATION SAVINGS ACCOUNT (COVERDELL ESA ACCOUNT) WITHDRAWAL AUTHORIZATION FORM

**Note:** For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Signature section for an explanation of the Medallion Signature Guarantee.

## **RESPONSIBLE INDIVIDUAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **DESIGNATED BENEFICIARY**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Account Number: \_\_\_\_\_

## **DISTRIBUTION REASON**

### **Qualified Distribution Is Being Used for Qualified Education Expenses:**

The distribution from this Coverdell ESA Account is being used for qualified education expenses of the Designated Beneficiary.

### **Non-Qualified Distribution Is Not Being Used for Education Expenses:**

1. This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.
2. Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
3. Removal of excess contribution plus earnings before the tax-filing deadline. In which tax year was the contribution made? \_\_\_\_\_  
Is the contribution plus earnings being removed in the same year?      Yes              No
4. Liquidation of the Coverdell ESA Account because the Designated Beneficiary has attained age 30.
5. Transfer incident to divorce or legal separation - attach a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be distributed.
6. The Coverdell ESA Account is being rolled over to a Coverdell ESA for another eligible Family Member. Attached is either  
1) a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be delivered, or 2) a new *Amundi US Coverdell ESA Adoption Agreement*.
7. Death - the Responsible Individual or representative of the Designated Beneficiary's estate must furnish a certified copy of the death certificate and select from the following options **(A, B, or C)** below.

- A. Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions on page 2.

Estate's Tax Identification Number: \_\_\_\_\_

- B. Distribute assets in cash payable to the named Designated Death Beneficiary following the mailing instructions on page 2.

Beneficiary's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- C. The Coverdell ESA Account is being rolled over to a Coverdell ESA for an eligible Family Member who is under the age of 30.

Coverdell ESA Recipient's Name: \_\_\_\_\_

Attached is a new *Amundi US Coverdell ESA Adoption Agreement* indicating a rollover contribution investment.

Deposit as a rollover into an existing Coverdell ESA Account at Amundi US. Account Number: \_\_\_\_\_

Issue proceeds to a Coverdell ESA in the recipient's name at another institution following the mailing instructions below.

**DISTRIBUTION METHOD (Complete A, B and C)**

**A. Choose one:**

Total Liquidation

Partial Distribution - Amount: \$ \_\_\_\_\_ (or) \_\_\_\_\_ Shares

Periodic Distributions - In the amount of \$ \_\_\_\_\_ Monthly Quarterly Semi-Annual Annual

**B. Distribute from:**

Investment: \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ or \_\_\_\_\_ %

Investment: \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ or \_\_\_\_\_ %

**C. Mailing Instructions:**

**Mail to the Designated Beneficiary's address of record** - Check will be made payable to the Designated Beneficiary (or to their estate, in case of death distribution).

**Mail to the following address** - (Medallion Signature Guarantee required if address is not already on file.)

Attention: \_\_\_\_\_ For the Benefit of: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Transfer funds electronically via ACH\*: (voided check required)** (or) Mail check to\*:

Name of Institution: \_\_\_\_\_

For the Benefit of: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Routing and Account Number: \_\_\_\_\_

\*Medallion Signature Guarantee is required and may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association.  
\*The receiving bank account must include your, or the Designated Beneficiary's, name in the account registration.

**SIGNATURE**

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Amundi US, or the Pioneer Funds, nor has any tax or legal advice been given by any agent of the Custodian, Amundi US, or the Pioneer Funds, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Amundi US, the Pioneer Funds, and their respective agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

**Signature of Responsible Individual:**

**Date:**

Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee Stamp

**Mail to the following:**

**First Class Mail:**  
Amundi US  
PO Box 534427  
Pittsburgh, PA 15253-4427

**Overnight Mail:**  
Amundi US  
Attention 534427,  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Customer Service:**  
1-800-622-0176