

NAME & INFORMATION

Designated Beneficiary:

Name _____ Account # _____
Address _____ City _____ State _____ Zip _____
Phone # _____ S.S. # / Tax ID _____ Date of Birth _____

Responsible Individual:

Name _____

DISTRIBUTION REASON

- GENERAL DISTRIBUTION** Qualified education expenses or any distribution taken for any reason other than those listed below. 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.
- AGE 30** Designated beneficiary has attained the age of 30.
- TRANSFER** If the distribution was made directly (trustee-to-trustee transfer) from one Coverdell Education Savings Account (ESA) to another Coverdell ESA. A transfer is reported to the IRS on Form 1099-Q by checking box 4.
Transfer to StockCross Coverdell ESA Account # _____
- DISABILITY** If the distribution was made after the Designated Beneficiary was disabled. Check this box only 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 distributions are reported to the IRS on Form 1099-Q.
- DEATH** If this distribution will be made to a death beneficiary, proof, in a form acceptable to the Trustee or Custodian, must be provided to verify entitlement to receive the distribution. Death distributions are reported to the IRS on Form 1099-Q.
- EXCESS CONTRIBUTION** 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 corrective action and the amount of the excess contribution, there may be an IRS excess contribution penalty and or tax. The removal of excess contributions is reported to the IRS on Form 1099-Q.
If you selected excess contribution, is the excess contribution being removed on or before May 31 of the year following the year for which the contribution was made?
 No Yes
Was the excess contribution made during the prior year? Yes No
Earnings Attributable to Excess: _____
- PROHIBITED TRANSACTION** If a prohibited transaction as defined in IRC Section 530(e) has occurred, there may be an IRS penalty. If the prohibited transaction is not timely corrected, an additional penalty may apply. Prohibited transactions are reported to the IRS on Form 1099-Q.

PAYMENT INSTRUCTIONS

Please pay all or part of the Coverdell ESA identified above.

1. Distribution Amount: Entire Amount Specify Amount \$ _____
2. Distribution Type: Check Journal to StockCross Account: Account # _____
3. Frequency: One-Time Monthly Quarterly

Please make a payment from the Coverdell ESA identified above to:

Name _____ Address _____
City _____ State _____ Zip _____

Is the recipient the Coverdell ESA Designated Beneficiary? Yes No

YOUR DISTRIBUTION

SECURITIES TO BE LIQUIDATED:

Name of Investment	# of Shares in Account	# of Shares to be Liquidated	Liquidate Immediately
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOT APPLICABLE

BASIS & EARNINGS INFORMATION

Of the total Net Distribution Amount (as shown above), the distribution consists of the following:
 (The earnings (or loss) on the gross amount distributed from a Coverdell ESA are calculated using the earnings ratio described in Proposed Regulations Section 1.529-3 and Notice 2001-81.)

Basis \$ _____
 Earnings \$ _____

SIGNATURE AND DATE

The signature of the Coverdell ESA Responsible Individual is required to certify that the information provided is true and correct and that the Designated Beneficiary is aware of all the circumstances affecting this Coverdell ESA withdrawal.

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. No tax advice has been given to me by the Trustee or 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 Trustee or Custodian shall in no way be held responsible.

Coverdell ESA Responsible Individual X	Date
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Authorized Signature of Trustee or Custodian X	Date
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Office use only - Do not complete.	
Gross Cash Distributed	
Fees	
Federal Tax Withholding	
State Tax Withholding	
Net Distribution	