

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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<i>Office use only - Do not complete.</i>	
Gross Cash Distributed	
Fees	
Federal Tax Withholding	
State Tax Withholding	
Net Distribution	