

COVERDELL EDUCATION SAVINGS ACCOUNT (ESA)  
**TRANSFER/DIRECT ROLLOVER LETTER**

Designated Beneficiary

Social Security #

Name of Current Custodian/Trustee

Attention

Street Address

City

State

Zip

\*\*\*\*\*NOTICE TO CURRENT TRUSTEE/CUSTODIAN\*\*\*\*\*

**You are directed to convert into cash** the assets identified herein that you hold for the Designated Beneficiary and transfer or directly rollover these funds to the Successor Trustee in the manner described below under "Transfer/Rollover Instructions." If funds are not currently held in the type of plan indicated above, or if you require additional information in order to honor this request, please notify American Trust Company **immediately**.

**TRANSFER/DIRECT ROLLOVER INSTRUCTIONS**

- ☐ This is a direct rollover from a Coverdell ESA to another Coverdell ESA for the benefit of the same Designated Beneficiary.
- ☐ This is a direct rollover from a Coverdell ESA of a Designated Beneficiary to a Coverdell ESA of a qualified family member of the Designated Beneficiary.
- ☐ This is a transfer due to divorce.

**PLEASE TRANSFER THE FOLLOWING: (Attach list of assets to be liquidated, if applicable.)**

☐ All plan assets **OR** ☐ Partial assets from the above account: \$ **Basis: \$** **Earnings: \$**

**Please make checks payable to AMERICAN TRSUT COMPANY, AS TRUSTEE FOR [Designated Beneficiary's Name] ESA. By signing below, I certify that the amounts/assets above are eligible for transfer/rollover.**

Responsible Individual Signature **X**

Date

**FINANCIAL INSTITUTION INFORMATION**

**Please forward the check and a copy of this Transfer/Direct Rollover Letter to the following Financial Institution.**

Financial Institution Name

Attention

Branch Name or Number

Contact Phone Number ( )

Street Address

City

State

Zip

**I have reviewed representations made in this document and certify that the information is complete and correct.**

Financial Institution Representative Signature **X**

Date

**INCOMING FUNDS TO BE DEPOSITED AS FOLLOWS (Check one):**

☐ New plan **OR** ☐ Existing plan—Provide Participant ID#:

**Letter of Acceptance** – To the prior custodian/trustee of the account designated for transfer:

Please be advised that American Trust does hereby accept appointment as the successor trustee when this form has been accurately completed in full and signed by the responsible individual and by the custodian of funds.