

COVERDELL ESA DISTRIBUTION FORM

1. ESA Beneficiary Information

NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ D.O.B: _____
TELEPHONE NUMBER: _____
S.S. #: _____
FUND: VALUE DIVIDEND FOCUS SMALL CAP

NAME OF RESPONSIBLE INDIVIDUAL: _____

2. Reason for Distribution (Check one.)

- Qualified Education Expenses
- Disability
- Removal of Excess
Date of excess contribution _____.
Amount of excess contribution \$ _____. Is the excess contribution being
removed prior to your tax return due date (including extensions)? Yes No
- Non-Qualified Distribution

3. Distribution Instructions

- The entire account balance
- Partial Amount \$ _____

Please check one:

1. Mail check to address of record
2. Pick check up at FAM Funds office
3. ACH Funds to a bank account - (Voided check required if bank info not on file)

4. Signature

I hereby certify that I am the party authorized to make elections and receive payment from this Coverdell ESA and that all information provided by me is true and accurate.

SIGNATURE OF RESPONSIBLE INDIVIDUAL

DATE

SIGNATURE GUARANTEE (If required see below)

Please have your signature guaranteed for any distribution that is:

- sent to an address different from the permanent address listed on the account, or
- more than \$50,000, or
- made payable to someone other than, or in addition to, the account owner