

**COVERDELL ESA DEATH BENEFICIARY
DESIGNATION/CHANGE (FORM 2503E)**

Please Print or Type

_____ CUID (Credit Union will Complete)	_____
_____ - _____ - _____ - _____ Social Security Number	_____ Credit Union Name
_____ ESA Suffix	_____ Coverdell ESA Designated Beneficiary's Name (First, Initial, Last)
	_____ Account Number

This form is to be completed by the Responsible Individual.

(Before filling out the "DESIGNATION OF DEATH BENEFICIARY" section, please see instructions on reverse side.)

DESIGNATION OF DEATH BENEFICIARY

(Revocable)

PRIMARY Death Beneficiary

_____ Name	_____ Relationship to the Designated Beneficiary	_____ Birth Date (MM/DD/YYYY)	_____ Social Security Number
_____ Mailing Address		_____ City, State, ZIP	

SECONDARY Death Beneficiary

_____ Name	_____ Relationship to the Designated Beneficiary	_____ Birth Date (MM/DD/YYYY)	_____ Social Security Number
_____ Mailing Address		_____ City, State, ZIP	

(This death beneficiary designation overrides all previous designations for this Coverdell ESA. If the Designated Beneficiary has more than one Coverdell ESA, you must fill out a separate Death Beneficiary Designation/Change Form for each Coverdell ESA.)

COVERDELL ESA RESPONSIBLE INDIVIDUAL'S SIGNATURE

(This death beneficiary designation is not effective unless signed.)

<input checked="" type="checkbox"/> _____ Responsible Individual's Signature	_____ Date (MM/DD/YYYY)
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General Instructions. A death beneficiary can be a person, trust, charity, or the Designated Beneficiary's estate. Make sure that you write the full names of all beneficiaries.

Order of Payment. To qualify to receive money from the ESA, a human death beneficiary must

be alive after the Designated Beneficiary's death. If the primary death beneficiary named qualifies to receive money, then all of the money will be paid to this death beneficiary. The money will be paid to the secondary beneficiary **ONLY** if the primary death beneficiary does not qualify to receive money.