

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER REQUEST



Church Extension Plan

PARTNERS *in* MINISTRY®

DESIGNATED BENEFICIARY'S NAME AND ADDRESS (Transferring Coverdell ESA)			CURRENT COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
Social Security Number	Date of Birth	Home Phone	Coverdell ESA Account Identification (Transferring Coverdell ESA)	Trustee's or Custodian's Phone Number

RULES AND CONDITIONS APPLICABLE TO TRANSFERS

This form should only be used when Coverdell ESA assets are being moved directly from financial institution to financial institution. Thus, as noted below, the check will be made payable directly to the receiving Coverdell ESA Trustee or Custodian. Transfer of Coverdell ESA assets is a reportable transaction to the IRS. **NOTE: IRS 1099-Q instructions require that in a transfer between Coverdell ESAs, the distributing Coverdell ESA Trustee or Custodian must provide the receiving Coverdell ESA Trustee or Custodian with a statement reporting the earnings portion of the distribution within 30 days of the distribution or January 10, whichever is earlier.**

TRANSFER INSTRUCTIONS

Directly transfer all or part of the Coverdell ESA identified above in the following manner.

Frequency: One-time Monthly Quarterly Annually Other _____

Please make a check payable as follows:

Church Extension Plan
(Name of Accepting Organization)

Trustee

Custodian of the _____

(Name of Receiving Designated Beneficiary)

Coverdell ESA.

This transfer will will not close the Coverdell ESA.

ASSET HANDLING INSTRUCTIONS

Asset Description	Quantity Or Amount In Coverdell ESA	Quantity Or Amount To Be Transferred	Liquidate Immediately	Liquidate at Maturity
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF RESPONSIBLE INDIVIDUAL

I certify that I am the proper party to authorize the transfer of the Coverdell ESA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

(Coverdell ESA Responsible Individual)

(Date)

ACCEPTING COVERDELL ESA TRUSTEE OR CUSTODIAN

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

Account Identification of Accepting Coverdell ESA _____

Church Extension Plan

PO Box 12629

Salem, OR 97309

(800) 821-1112

(Authorized Signature of New Trustee or Custodian)

(Date)