



1072 S. De Anza Blvd. Suite A-205, San Jose, CA 95129
 Tel: 408-996-1118 Toll Free: 888-666-6551 Fax: 408-996-1116 Email: info@infi.biz
 Clearing services provided by Hilltop Securities, Inc. Member: NYSE/FINRA/SIPC

Coverdell Education Savings Account Rollover Form

1. Responsible Individual Information.

Responsible Individual's Name (First, Middle, Last):		Social Security #	Date of Birth	
Residence Address (P.O. Box unacceptable)	City	State/Province	Country	Zip
Mailing Address (P.O. Box acceptable)	City	State/Province	Country	Zip
Home Phone Number	Fax Number	Email Address		
Form of Rollover: <input type="checkbox"/> In Cash \$ _____ <input type="checkbox"/> In Kind (Specify): _____				

2. Designated Beneficiary Information.

Designated Beneficiary's Name (First, Middle, Last):		Social Security #	Date of Birth	
Residence Address (P.O. Box unacceptable)	City	State/Province	Country	Zip
Mailing Address (P.O. Box acceptable)	City	State/Province	Country	Zip
Home Phone Number	Fax Number	Email Address		
Relationship to Original Designated Beneficiary: <input type="checkbox"/> Self <input type="checkbox"/> Family Member (please specify): _____				

3. Rollover From Another Coverdell Education Savings Account.

I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after the distribution from another Coverdell Education Savings Account in which the above-named designated beneficiary was either the original designated beneficiary or is an eligible family member of the original designated beneficiary.
2. During the 12-month period prior to this distribution being rolled over, the designated beneficiary has not received a distribution from the same Coverdell Education Savings Account which was subsequently rolled over to another Coverdell Education Savings Account, and the distribution being rolled over has not been part of a distribution from another Coverdell Education Savings Account that was subsequently rolled over.
3. The property received in the distribution from the distributing Coverdell Education Savings Account is the same property being rolled over into this Coverdell Education Savings Account.
4. This rollover contribution did not come from a Traditional, SEP, SIMPLE or Roth IRA or from a qualified plan, qualified annuity, 403(b) plan or 457 plan.
5. If this rollover is a Military Death Gratuity or SGLI Payment it is being rolled over within one year after the payment was received.

4. Authorized Signature.

If this is a rollover, the undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid Coverdell Education Savings Account rollover unless PART I is a correct statement. I acknowledge that due to the complexities involved in treatment of eligible rollovers between Coverdell Education Savings Accounts, the Custodian/Trustee has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I certify that I am authorized to make this transaction and that I am the Responsible Individual. I hereby release the Custodian/Trustee from any claim for damages on account of the failure of this transaction to qualify as a valid rollover or transfer.

X _____
 Authorized Signature Date

FOR BROKER USE ONLY

X _____
 Authorized Signature of Custodian Date