# COVERDELL ESA CHANGE OF DESIGNATION FORM

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	IMS Family of Funds
	Building Wealth Wisely®

Use this **Coverdell ESA Change of Designation Form** to designate or change designations for the Designated Beneficiary, Death Beneficiary or Responsible Individual associated with an existing Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-934-5550.

Name* (First, M.I., Last)		Date of Birth*	Social Secur	rity Number*
				- <b>y</b>
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Daytime Phone*		Evening Phone		
ESA Account/Plan Number:				
Part II—Option #1: Change Designa	TED BENEFICIARY			
PART II—OPTION #1: CHANGE DESIGNA		on the ESA Account/Pla	n identified above.	
	gnated Beneficiary o	on the ESA Account/Pla	n identified above.	
□ Select this option to replace the Desi	gnated Beneficiary o	on the ESA Account/Pla	n identified above.	
Select this option to replace the Desi New Designated Beneficiary Information	gnated Beneficiary o	on the ESA Account/Pla		ity Number*
Select this option to replace the Desi New Designated Beneficiary Information	gnated Beneficiary o			ity Number*
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IMS Family of Funds ESA Change of Designation Form-19-07/28/09 C-413 Coverdell ESA Change of Designation Form (Rev. 11/07)-Copyright © 2007, Convergent Retirement Plan Solutions, LLC, Brainerd, MN 56401

Name*       (First, M.I., Last)       Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*         Daytime Phone*       Evening Phone	□ Select this option to designate a new	Responsible Individ	lual on the ESA Account	/Plan identified abo	ove.
New Responsible Individual         Name* (First, M.I., Last)       Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*         Daytime Phone*       Evening Phone	Current Responsible Individual				
Name*       (First, M.I., Last)       Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*         Daytime Phone*       Evening Phone	Name* (First, M.I., Last)		Date of Birth*	Social Secur	ity Number*
Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*         Daytime Phone*       Evening Phone         U.S. Citizenship Status:       Citizen       Resident Alien         Relationship to the Designated Beneficiary:       Mother       Father       Guardian       Other         Successor Responsible Individual       Individual       Named above dies or becomes legally incapacitated while the Designated Beneficiary is a right the following individual will become the successor Responsible Individual. If no successor is designated, the Designated or guardian will become the successor Responsible Individual.         Name*       (First, M.I., Last)       Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*	New Responsible Individual				
Daytime Phone*       Evening Phone         U.S. Citizenship Status:       Citizen         Relationship to the Designated Beneficiary:       Mother         Successor Responsible Individual         If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a r         the following individual will become the successor Responsible Individual.         Name*       (First, M.I., Last)         Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #         Daytime Phone*       Evening Phone         U.S. Citizenship Status:       Citizen	Name* (First, M.I., Last)		Date of Birth*	Social Secur	ity Number*
U.S. Citizenship Status: Citizen Resident Alien Relationship to the Designated Beneficiary: Mother Father Guardian Other Successor Responsible Individual If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a r the following individual will become the successor Responsible Individual. If no successor is designated, the Designated or guardian will become the successor Responsible Individual. Name* (First, M.I., Last) Date of Birth* Social Security Number* Street Address (Physical Address)* Apartment # City* State* Zip Code* Daytime Phone* Evening Phone U.S. Citizenship Status: Citizen Resident Alien	Street Address (Physical Address)*	Apartment #	City*	 State*	Zip Code*
Relationship to the Designated Beneficiary: Mother Father Guardian Other	Daytime Phone*		Evening Phone		
Relationship to the Designated Beneficiary: Mother Father Guardian Other					
Successor Responsible Individual         If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a responsible Individual will become the successor Responsible Individual. If no successor is designated, the Designated or guardian will become the successor Responsible Individual.         Mame*       (First, M.I., Last)         Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #         Daytime Phone*       Evening Phone         U.S. Citizenship Status:       Citizen	U.S. Citizenship Status: $\Box$ Citizen $\Box$	Resident Alien			
Successor Responsible Individual         If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a responsible Individual will become the successor Responsible Individual. If no successor is designated, the Designated or guardian will become the successor Responsible Individual.         Name*       (First, M.I., Last)         Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #         Daytime Phone*       Evening Phone         U.S. Citizenship Status:       Citizen	Relationship to the Designated Benefici	arv: 🗌 Mother 🗌	Father 🗌 Guardian 🗌	Other	
If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a responsible Individual will become the successor Responsible Individual. If no successor is designated, the Designated or guardian will become the successor Responsible Individual.          Name*       (First, M.I., Last)       Date of Birth*       Social Security Number*         Street Address (Physical Address)*       Apartment #       City*       State*       Zip Code*         Daytime Phone*       Evening Phone       Evening Phone       Evening Phone       Evening Phone					
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Apartment # City* State* Zip Code*   Daytime Phone* Daytime Phone* D.S. Citizenship Status:   Citizen   Citizen   Resident Alien	he following individual will become the	successor Responsi	ble Individual. If no succ		
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Relationship to the Designated Beneficiary: 🗌 Mother 🗌 Father 🗌 Guardian 🗌 Other	he following individual will become the r guardian will become the successor F lame* (First, M.I., Last) treet Address (Physical Address)*	successor Responsi Responsible Individu	ble Individual. If no succ al. Date of Birth* City*	cessor is designated	d, the Designated Bei ity Number*
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	the following individual will become the or guardian will become the successor F Name* (First, M.I., Last) Street Address (Physical Address)* Daytime Phone* U.S. Citizenship Status:  □ Citizen □	successor Responsi Responsible Individu Apartment #	ble Individual. If no succ al. Date of Birth* City* Evening Phone	Social Secur State*	d, the Designated ity Number* Zip Code*

PART II—OPTION #3: CHANGE DE	ATH BENEFICIARY				
$\square$ Select this option to designate	new Death Beneficiar	y(ies) on tł	ne ESA Account/Plan identified	above.	
NOTE: THIS DEATH BENEFICIARY IDENTIFIED ABOVE.	DESIGNATION SUPER	SEDES ALI	PRIOR DEATH BENEFICIARY D	ESIGNATIONS FOR	THE COVERDELL ESA
The following Death Beneficiaries status is not indicated, the individ ESA assets will be divided in equa no primary beneficiaries survive th the contingent beneficiaries who s new <i>Coverdell ESA Change</i> of Des	ual or entity will be co I shares (unless indica ne Designated Benefic survive the Designated	nsidered a ated otherv siary, the C d Beneficia	primary beneficiary. Upon the l wise) to the primary beneficiarie overdell ESA will be divided in e rry. This beneficiary designation	Designated Benefic es who survive the E equal shares (unless	iary's death, the Coverdell Designated Beneficiary. If s indicated otherwise) to
Type: D Primary D Contingent	Share Percentage:_	_%	Taxpayer ID Number:	D	ate of Birth:
Name:		_Relations	ship to Designated Beneficiary:	□ Family Member	Not a Family Member
Residence Address:					
Type: 🗌 Primary 🗌 Contingent					ate of Birth:
Name:		Relations	ship to Designated Repoficiany		Not a Family Member
			ship to besignated beneficialy.		
Residence Address:					
Residence Address:					
Type:  Primary  Contingent	Share Percentage:	%	Taxpayer ID Number:	D	ate of Birth:
	Share Percentage:	% Relations	Taxpayer ID Number:	D	ate of Birth:
<b>Type:</b> Primary  Contingent Name:	Share Percentage:	% _Relations	Taxpayer ID Number:	D	ate of Birth:
Type:       Primary       Contingent         Name:	Share Percentage: Share Percentage:	% _Relations	Taxpayer ID Number:ship to Designated Beneficiary: Taxpayer ID Number:	D	ate of Birth: Not a Family Member ate of Birth:
Type:       Primary       Contingent         Name:	Share Percentage: Share Percentage:	% _Relations % _Relations	Taxpayer ID Number: ship to Designated Beneficiary: Taxpayer ID Number: ship to Designated Beneficiary:	D	ate of Birth: Not a Family Member ate of Birth:

includes all of the information requested above. Sign and date the sheet.

To name a Trust as a death beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian/Trustee.

## **PART III: SPOUSAL CONSENT**

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary above. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

#### **CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

Χ	Date:
Witness:	
X	Date:

PART IV: ACKNOWLEDGEMENT	AND NEW TECHNOLOGY	MEDALLION S	Signature (	GUARANTEE
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(Note: This Coverdell ESA Change of Designation Form <u>will not</u> be processed unless signed below by the Current and New Responsible Individual.)

By signing this *Coverdell ESA Change of Designations Form*, I certify that I am the Responsible Individual and the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize the changes indicated above, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Current Responsible Individual's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Acceptance by New Responsible Individual (if applicable):

Date:

### A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

#### **PART V: MAILING INSTRUCTIONS**

Please send completed form to:

Regular Mail Delivery IMS Family of Funds P.O. Box 6110 Indianapolis, IN 46206-6110 <u>Overnight Delivery</u> IMS Family of Funds 2960 N. Meridian Street, Suite 300 Indianapolis, IN 46208