

To Whom It May Concern:

Thank you for your inquiry regarding information related to transferring a Coverdell ESA to another family member.

In response to your request, we have included information regarding a transfer of the account assets to another family member. Please read this letter carefully and the instructions provided.

The following documents will be required by the Transfer Agent to process a transfer of assets from the account or provide information on the account. Please refer to the chart included to determine the documents that will be required to process your requested transaction(s).

An original signature guarantee may be obtained from an officer of most financial institutions. A Medallion signature guarantee is preferable. If the signature guarantee is NOT medallion, you must provide the name and phone number of the person providing the signature guarantee for verification purposes. Please note that a notary public cannot provide a signature guarantee. A signature guarantee is a warranty by the grantor that the signature is genuine, and that the person(s) signing is competent and authorized to sign.

**Documents Required:**

- **Completed Distribution/Transfer Form signed by current Responsible Party and signature guaranteed**
- **Customer Identification Form (CIP) for responsible party (you must contact a PFS Representative for assistance in completing the application)**

**Note:** To qualify for a transfer, the new family member must be under the age of thirty (30).

If you have questions, need additional information, or need assistance locating a Representative, please contact our Customer Service Department at 1-800-544-5445. Customer Service Representatives are available to assist you, Monday through Friday between 8 a.m. and 8 p.m. ET.

**RESPONSIBLE PARTY FOR COVERDELL ESA  
REQUESTS TRANSFER TO  
NEW FAMILY MEMBER FORM**

Account Number (Required to complete transaction): \_\_\_\_\_

I/We would like: (choose one)

Transfer all shares in all fund positions to new custodian registration listed below.

**NOTE:** Investments will be moved “in kind” to the new account, that is the same fund(s) currently held in the minor’s account will be moved to the new account. You should speak with your PFSI Agent for assistance in determining what if any changes should be made after the transfer is complete.

**1 | INFORMATION ABOUT THE BENEFICIARY OF THE NEW COVERDELL ESA**

Full Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(Include Middle Initial)

Mailing Street Address 1: \_\_\_\_\_ Mailing Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**2 | RESPONSIBLE PARTY NAME**

Full Name: \_\_\_\_\_ Relationship to beneficiary of the new Coverdell ESA: \_\_\_\_\_  
(Include Middle Initial)

Responsible Party Signature: \_\_\_\_\_

**3 | SIGNATURE GUARANTEE**

SIGNATURE GUARANTEE STAMP: I/WE Guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the investor is of full age andn legally competent. A seperate signature guarantee must be affixed to the form for each signor.

Guarantor Name: \_\_\_\_\_

Signature Guarantee Seal

Once completed, mail the form to the appropriate address listed for processing.

Please send to:	Regular Mail	Overnight Mail
	Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
<b>Client Services:</b>	<b>(800) 544-5445</b>	