



COVERDELL EDUCATION SAVINGS ACCOUNT BENEFICIARY DESIGNATION

*This form is to be completed to designate beneficiaries for a Coverdell Education Savings Account.
If this is a change to a prior designation, all prior beneficiary designations will be replaced with this designation.
This designation will become effective upon the custodian's receipt and acceptance of this form.*

Mail ORIGINAL form to (fax and/or e-mail copies will NOT be accepted): 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. PARTICIPANT IDENTIFICATION The student for whom the account was established

FULL NAME _____ PHONE NO. _____ ACCOUNT NUMBER _____

B. BENEFICIARY AUTHORIZATION

I authorize IRA FINANCIAL TRUST COMPANY, to replace all prior Death Beneficiary designations on this account with the designation indicated below.

I understand that:

- If the Death Beneficiary is a member of the Designated Beneficiary's family and is under the age of 30 at the time of the Designated Beneficiary's death, he or she will automatically become the new Designated Beneficiary on such date.
- If the Death Beneficiary is NOT a member of the Designated Beneficiary's family, or is a family member over 30 years of age, the proceeds of this account must be distributed to the Death Beneficiary within thirty (30) days of the Designated Beneficiary's date of death. If the distribution is not made within the required thirty (30) days, it will be treated, for tax purposes with the IRS, as if distributed on the last day of that period.

C. DEATH BENEFICIARY

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		Check this box if the named death beneficiary is a family member
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

D. SIGNATURE

Responsible Party Signature

____/____/____
Date