COVERDELL ESA

TRANSFER REQUEST

This form must be completed by the Responsible Individual of the current Coverdell ESA who is requesting the transfer.

Argent INSTITUTIONAL TRUST

PART 1. RECIPIENT

Designated beneficiary receiving the transfer

Name First _____

Name Middle _____

Name Last _____

Address Line 1 _____

Address Line 2 _____

City/State/Zip _____

Date of Birth _____

Email Address _____

Account Number _____ Suffix _____

PART 2. ACCEPTING COVERDELL ESA CUSTODIAN

To be completed by the Coverdell ESA custodian receiving the assets

Name Argent Institutional Trust Company

Address Line 1 Operations Center

Address Line 2 5901 Peachtree Dunwoody Road, Suite C-495

City/State/ZIP Atlanta, GA 30328

Phone 800-241-5568

DTC/ACAT Participant # _____

STATEMENT REQUIRED – Please attach copy of most recent statement from your current custodian.

PART 3. CURRENT DESIGNATED BENEFICIARY

Name *(First/MI/Last)* _____

Social Security Number _____

Account Number _____ Suffix _____

Responsible Individual Name _____

Responsible Individual Phone _____

PART 4. CURRENT COVERDELL ESA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

☐ **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

☐ Entire Coverdell ESA Balance ☐ This Transfer Will Close the Current Coverdell ESA

☐ **Recurring Transfer**

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

MAKE PAYABLE TO

Argent Institutional Trust Company (Name of Accepting Coverdell ESA Custodian) as Custodian of _____ (Name of Recipient) Coverdell ESA

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Liquidate Immediately	Transfer at Maturity	Transfer in Kind
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

PART 6. SIGNATURES

I certify that I am the proper party to authorize the transfer of these Coverdell ESA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Coverdell ESA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

Argent Institutional Trust Company by signing below agrees to accept the assets being transferred.

X _____ _____

Signature of Responsible Individual — Date *(mm/dd/yyyy)*

X _____ _____

Notary Public/Signature Guarantee *(If required by the custodian)* — Date *(mm/dd/yyyy)*

X _____ _____

Authorized Signature of Accepting Custodian — Date *(mm/dd/yyyy)*