

INSTRUCTIONS

Use this form to:

- Replace the Responsible Individual on an existing Quest Trust Company (QTC) Coverdell ESA and/or
- Update the beneficiaries

ACCOUNT HOLDER INFORMATION *(Current in system)*

Designated Beneficiary's Name/ Client Name:		Account Number:	
Email Address:		Social Security Number:	Date of Birth:
Responsible Individual's Name:		Responsible Individuals' Phone Number:	

UPDATE OR REPLACE RESPONSIBLE INDIVIDUAL

The Responsible Individual must be the parent or legal guardian of the Designated Beneficiary and will control all decisions regarding the account. The Designated Beneficiary may assume the role of Responsible Individual once he or she reaches the age of majority by state law and submits the appropriate paperwork to QTC.

This is a change due to:

- Designated Beneficiary has reached age of majority by state law for the state in which he or she resides and will assume the role of responsible individual. **Required documents include copy of government issued ID for designated beneficiary.**
- Replace living Responsible Individual. **Required to obtain notarized signature of resigning and signature of successor responsible individual.**
- Replace deceased Responsible Individual. **Required documents include copy of the death certificate of the deceased responsible individual.**

Successor Responsible Individual Name:		Relationship to Designated Beneficiary:	
Social Security Number:		Date of Birth:	
Email Address:		Mobile Phone Number:	
Legal Address <i>(May not be P.O. Box)</i> :		City, State, Zip Code:	

Answer "Yes" or "No" to the following questions. If left blank, the default selection will be "No".

Note: This election cannot be changed once the minor/designated beneficiary reaches the age of majority.

<input type="radio"/> Yes <input type="radio"/> No	The Responsible Individual shall continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.
<input type="radio"/> Yes <input type="radio"/> No	The Responsible Individual may change the beneficiary designated under this Custodial Agreement pursuant to section 6.01 of the Custodial Agreement.

CHANGE OF DEATH BENEFICIARY DESIGNATION

The Death Beneficiary is the individual or entity named to receive assets upon the death of the Designated Beneficiary. If a Death Beneficiary is a family member and under age 30 at the time of the Designated Beneficiary's death, they may be eligible to transfer or roll over assets into a Coverdell ESA. The age limit does not apply if the Death Beneficiary is a special needs beneficiary.

For individuals, please provide the name, social security number, date of birth, and relationship for each beneficiary. For estates, trusts or other entities please provide the exact name or title of the entity, tax identification number, and the date of inception (if available). Although all fields are not required, we ask you provide as much information as possible to help ensure that after your death we are able to properly identify your designated beneficiary.

<input type="radio"/> Primary <input type="radio"/> Contingent _____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	

Coverdell ESA Change Form

<input type="radio"/> Primary <input type="radio"/> Contingent _____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement)	
	<input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
<input type="radio"/> Primary <input type="radio"/> Contingent _____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement)	
	<input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
<input type="radio"/> Primary <input type="radio"/> Contingent _____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement)	
	<input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	

AUTHORIZATION AND SIGNATURE

Authorization to Update or Replace Responsible Individual

I, the Resigning Responsible Individual, have read and understand the above mentioned appointment of successor responsible individual in section B. I acknowledge that the information provided above is true and accurate. QTC may rely on this acknowledgment to effectuate the change requested above in section B.

I, the Successor Responsible Individual, have read and understand the above mentioned appointment of successor responsible individual in section B. I acknowledge and certify that I am either the parent or legal guardian of the Designated Beneficiary, or I am a Designated Beneficiary who has reached majority. I have read and understand the responsibilities of a responsible individual specified in the Custodial Agreement and agree to perform and comply with those responsibilities written therein, including fees associated with administering this account. QTC may rely on this acknowledgment to effectuate the change requested above in section B.

Authorization to Change Death Beneficiary Designation

I, the Responsible Individual of the aforementioned account, authorize QTC to effectuate the changes reflected in section C.

By executing this form, all parties agree that QTC and its agents and employees have no liability for any action or inaction taken by them in reliance upon such elections or instructions.

Signature of New Responsible Individual: _____ Date: _____

Notarized Signature of the resigning responsible individual is required if replacing living responsible individual.

Signature of Resigning Responsible Individual: _____ Date: _____

State of Notary: _____

Country of Notary: _____

This instrument was acknowledged before me on the ____ day of _____, 20____, by _____ (Spouse).

Notary Public