

Navy Federal®

# Coverdell ESA Contribution Request

Coverdell Educational Savings Contribution Request

Please return this completed form through one of the following methods:

- Digital Banking: Attach signed form to eMessage
- Fax Number (703) 206-4250
- Visit your local branch
- Mail: P.O. Box 3001, Merrifield, VA 22119-3001

Beneficiary Access No. \_\_\_\_\_ Toll-Free Number \_\_\_\_\_

**(888) 842-6328**

## Section A: Beneficiary Information (Child)

Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No. (SSN)	Home Phone No.	

## Section B: ESA Responsible Individual Information

Name: First	MI	Last	Suffix
Responsible Individual Access No.	Home Phone No.	Daytime Phone No.	

## Section C: ESA One-Time Contribution Information

Apply Contribution as Follows:		Contribution Amount	Contribution(s) for Tax Year <i>(if no selection is made, will default to current tax year)</i>
Transfer from Acct. No.:	To ESA Acct. No.:	\$ _____	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To ESA Acct. No.:	\$ _____	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To ESA Acct. No.:	\$ _____	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
<b>Total:</b>		\$ _____	

\*ESA contributions made from January 1 through tax filing due date (normally April 15) of the current year may be credited as a prior-year contribution.

## Section D: ESA Periodic Transfer Request (for ESA Savings, MMSA, Special EasyStart<sup>SM</sup> and EasyStart Certificates only)

Please transfer as follows: (Select only one.)	From Account No. _____
<input type="checkbox"/> Once a month on the _____	To ESA Account No. _____
<input type="checkbox"/> Twice a month on the _____ and _____	Amount (per transfer) \$ _____
<input type="checkbox"/> Every 2 weeks on <input type="checkbox"/> Weekly every <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. Day of first transfer _____	

## Section E: Signatures

### Important: Please read before signing.

I understand the eligibility requirements for the type of ESA deposit I am making and state that I do qualify to make the deposit. The beneficiary has an open ESA plan, and I have received copies of the Application, 5305-E Plan Agreement, and Disclosure Statement.

I understand ESA contributions are no longer allowed once the beneficiary reaches the age of 18.

I assume complete responsibility for:

1. determining that I am eligible to contribute each year to an ESA in the name of the beneficiary;
2. ensuring that all contributions I make are within the limits set forth by the tax laws; and
3. the tax consequences of any contribution and distributions

Responsible Individual's Signature ►	Date (MM/DD/YY)
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