



# Coverdell Education Savings Account (CESA) Request for Transfer of Assets or Direct Rollover

Please return this form to Selected Funds, P.O. Box 8243, Boston, MA 02266-8243. For overnight mail: Selected Funds, 66 Brooks Drive, Braintree, MA 02184. This form can also be downloaded from our website, selectedfunds.com. Funds available for purchase by U.S. Citizens or resident aliens only.

**TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS AND USE BLACK INK.**

## A. NAME, ADDRESS AND CONSENT OF PERSON WHO CONTROLS THE CURRENT ACCOUNT *(Responsible Individual)*

\_\_\_\_\_

Name (Print Full Name) (First, MI, Last)

\_\_\_\_\_

Address

Suite/Apartment

\_\_\_\_\_

City

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

State

Zip Code

+ 4

Daytime Telephone Number

Social Security Number

By signing below, I authorize and direct the current custodian or trustee to make the transfer specified in this form. Note: Your current Trustee or Custodian may require signature to be guaranteed. Call them for requirements.

Signature

Date

Medallion Guarantee (if required)

## B. NAME OF STUDENT BENEFITING UNDER THE STATE STREET BANK CESA

\_\_\_\_\_

Name (Print Full Name) (First, MI, Last)

\_\_\_\_\_

Address

Suite/Apartment

\_\_\_\_\_

City

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

State

Zip Code

+ 4

Daytime Telephone Number

Social Security Number

## C. INSTRUCTIONS TO CURRENT CESA CUSTODIAN OR TRUSTEE

Current Account # \_\_\_\_\_

Name of Custodian/Trustee \_\_\_\_\_

Attn: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please transfer assets from the above account to State Street Bank and Trust Company. Make check payable to State Street Bank and Trust Company, C/O Selected Funds according to the following instructions:

Transfer the total amount in this Account. **OR**  Transfer \$ \_\_\_\_\_ and retain the balance.

If not specified, entire account balance will be transferred.

## D. WHERE TO INVEST YOUR EDUCATION IRA

- I am opening a new account and have attached a CESA Application.
- Please deposit proceeds in my existing Selected Funds CESA.

Fund Name \_\_\_\_\_

Account # \_\_\_\_\_

## E. DO NOT COMPLETE THIS SECTION *Instruction for delivery to the Selected Funds CESA account*

Letter of Acceptance - State Street Bank and Trust Company hereby accepts custodianship for the CESA of the above-named individual. Please liquidate, and transfer on a custodian-to-custodian basis, all or part of the designated account as instructed in Section C and send the check payable to "Selected Funds" with a copy of this request.

Accepted by \_\_\_\_\_

Date \_\_\_\_\_