

Coverdell Education Savings Account Transfer Request



A fund family of Everence

- Please send the completed form and, if applicable, your check made payable to Praxis Mutual Funds to:

(800) 977-2947

Regular mail

Praxis Mutual Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight mail

Praxis Mutual Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

- Praxis will forward these instructions to your present trustee/custodian.
- **Please attach a copy of your last account statement.**

1. Account registration

Responsible individual

Name _____
First middle last

Address _____
Street

City State ZIP code

Social Security number _____

Birth date _____

Telephone *daytime* _____
evening _____

Designated child

Name _____
First middle last

Address _____
Street

City State ZIP code

Social Security number _____

Birth date _____

2. Present custodian

Custodian/trustee _____

Address _____
Street

City State ZIP code

Contact name _____

Telephone number (required) _____

Account or policy number _____

