

# Coverdell Education Savings Account Distribution Form

Please send the completed form to:

(800) 977-2947

**Regular mail**Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701**Overnight mail**Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

## 1. Account information

**Designated beneficiary (child)**Name \_\_\_\_\_  
First middle lastAddress \_\_\_\_\_  
Street\_\_\_\_\_  
City State ZIP code

Social Security number \_\_\_\_\_ Birth date \_\_\_\_\_

**Responsible individual (parent/guardian)**Name \_\_\_\_\_  
First middle last

Daytime telephone number \_\_\_\_\_

## 2. Distribution

Fund/account number \_\_\_\_\_ Amount \_\_\_\_\_  
Dollars, shares, percentage

Reason for distribution

- 
- Qualified education expense**
- 
- 
- Age 30 attained by designated beneficiary**

## 3. Method of distribution

Please check one only.

- 
- Please send my distribution check to the address on my account.
- 
- 
- Please send my distribution check to an address other than the address on my account (medallion signature guarantee required).

Address \_\_\_\_\_  
Street\_\_\_\_\_  
City State ZIP code

If you want your distribution sent electronically to your bank, you must provide the bank's name, ABA routing number, your bank account number, type of account, and mark the method of distribution. Please note fees may apply to wires.

Account holder name \_\_\_\_\_

Bank name \_\_\_\_\_

ABA routing number \_\_\_\_\_

Account number \_\_\_\_\_

Type of account

- 
- Savings (attach preprinted deposit slip)
- 
- 
- Checking (attach voided check)

Method of distribution

- 
- Wire
- 
- 
- ACH

#### 4. Authorization

---

The participant/beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the Education Savings Account plan. I acknowledge that the custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I indemnify the custodian, its agents, successors, and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distribution.

**Note:** A signature guarantee may be required for your distribution. Please review the fund prospectus for more information.

X \_\_\_\_\_  
Signature of responsible individual Date

\_\_\_\_\_  
Medallion signature guarantee\* Date

*\*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*