

Coverdell Education Savings Account Distribution Form



A fund family of Everence

Please send the completed form 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

1. Account information

Designated beneficiary (child)

Name _____
First middle last

Address _____
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

