



WITHDRAWAL AUTHORIZATION

This form is to be completed by the Coverdell ESA responsible individual or death beneficiary.
Refer to page 2 for reporting information.

PART 1. DESIGNATED BENEFICIARY

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Account Number _____ Suffix _____
Responsible Individual Name _____

PART 2. COVERDELL ESA TRUSTEE OR CUSTODIAN

To be completed by the Coverdell ESA trustee or custodian

Name _____ Hudson Valley Credit Union
Address Line 1 _____ PO Box 1071
Address Line 2 _____
City/State/ZIP _____ Poughkeepsie NY 12602-1071
Phone _____ 845-463-3011 Organization Number _____

PART 3. DEATH BENEFICIARY INFORMATION

This section should only be completed by a death beneficiary taking a withdrawal due to the death of the original designated beneficiary.

Name (First/MI/Last) _____ Address Line 1 _____
Tax ID (SSN/TIN) _____ Address Line 2 _____
Date of Birth _____ Phone _____ City/State/ZIP _____
Account Number _____ Suffix _____

PART 4. WITHDRAWAL INFORMATION

Total Withdrawal Amount _____ Withdrawal Date _____ ☐ This Withdrawal Will Close This Coverdell ESA
The total withdrawal amount consists of the following. Basis \$ _____ Earnings \$ _____

WITHDRAWAL REASON (Select one)

- ☐ 1. Transfer to Another Coverdell ESA
☐ The designated beneficiary of the account receiving these assets is not the current designated beneficiary.
- ☐ 2. Normal Withdrawal
- ☐ 3. Disability
- ☐ 4. Death Withdrawal by a Death Beneficiary
- ☐ 5. Prohibited Transaction
- ☐ 6. Excess Contribution Removed Before the Excess Removal Deadline
(Enter the net income attributable to the excess and select a or b)
Net Income Attributable _____
☐ a. Excess Contributed and Removed in the Same Year
☐ b. Excess Contributed in One Year and Removed in the Next Year

PART 5. WITHDRAWAL INSTRUCTIONS

ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Withdrawn	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT METHOD

- ☐ **Cash**
- ☐ **Check** (If the withdrawal reason is transfer to another Coverdell ESA, the check must be made payable to the receiving organization.)
Make payable to _____
- ☐ **Internal Account**
Account Number _____ Type (e.g., checking, savings, Coverdell ESA) _____
- ☐ **External Account** (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)
Name of Organization Receiving the Assets _____ Routing Number (Optional) _____
Account Number _____ Type (e.g., checking, savings, Coverdell ESA) _____

PART 6. SIGNATURES

I certify that I am the proper party to authorize payments from this Coverdell ESA and that all information provided by me is true and accurate. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

X _____
Signature of Responsible Individual or Death Beneficiary Date (mm/dd/yyyy)

X _____
Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

X _____
Authorized Signature of Trustee or Custodian Date (mm/dd/yyyy)

REPORTING INFORMATION APPLICABLE TO COVERDELL ESA WITHDRAWALS

The Coverdell ESA responsible individual or death beneficiary must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 970, *Tax Benefits for Education*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

WITHDRAWAL REASON

Coverdell ESA assets can be withdrawn at any time. All Coverdell ESA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-Q, *Payments From Qualified Education Programs (Under Sections 529 and 530)*.

Transfer to Another Coverdell ESA. Transfers to another Coverdell ESA are reported on Form 1099-Q using code 1. The distributing Coverdell ESA trustee or custodian is required to provide the receiving Coverdell ESA trustee or custodian with a statement reporting the earnings portion of the distribution within 30 days of the withdrawal or by January 10, whichever is earlier.

Normal Withdrawal. Normal withdrawals are reported on Form 1099-Q using code 1.

Disability. If the designated beneficiary is disabled, withdrawals are reported on Form 1099-Q using code 4.

Death Withdrawal by a Death Beneficiary. Withdrawals by death beneficiaries following the death of the original designated beneficiary are reported on Form 1099-Q using code 5.

Prohibited Transaction. Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-Q using code 6.

Excess Contribution Removal. Excess contributions removed before the excess removal deadline must include the net income attributable to the excess.

- If your excess contribution was contributed and removed in the same year, before the excess removal deadline, the withdrawal is reported on Form 1099-Q using code 2.
- If your excess contribution was contributed in one year and removed in the next year, before the excess removal deadline, the withdrawal is reported on Form 1099-Q using code 3.