



COVERDELL ESA WITHDRAWAL REQUEST

GENERAL INSTRUCTIONS

This form must be completed by the Responsible Individual who wishes to request a withdrawal from a Pacific Premier Trust Coverdell Education Savings Account (ESA) to the appointed Designated Beneficiary.

Important: It is the Responsible Individual's responsibility to complete and submit IRS Form 8606 (Nondeductible IRAs and Coverdell ESAs) to the Internal Revenue Service.

1. CURRENT DESIGNATED BENEFICIARY INFORMATION

Name of Designated Beneficiary

First Name: MI: Last Name:

Social Security Number: Birth Date:

Residence Address:

City: State/Province:

Country: Postal Code:

Pacific Premier Trust Account Number:

2. CURRENT RESPONSIBLE INDIVIDUAL INFORMATION

First Name: MI: Last Name:

Relationship: Parent Guardian Designated Beneficiary

Residence Address:

City: State/Province:

Country: Postal Code:

Daytime Phone:

3. ASSET INSTRUCTIONS

I authorize the liquidation of the assets indicated below. My cash is sufficient to meet the requested payment.

NOTE: It is the Responsible Individual's responsibility to contact his/her Financial Representative to request liquidation of any broker-held assets (such as stocks or bonds).

Table with 4 columns: Number of Shares, or, Dollar Amount, Name of Asset and Share Class

4. REASON FOR DISTRIBUTION

1. Qualified Distribution See IRS Publication 970, Chapter 5 for a detailed explanation of Qualified and Non-Qualified Education Expenses.

2. Non-Qualified Distribution

3. Direct Rollover to a new Custodian/Trustee An acceptance letter is required from the successor trustee/custodian. If it is not attached this form will be returned to you.

Custodian/Trustee Name

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Distribution Due to Death

4. Distribution Due to Disability

5. PAYMENT AMOUNT

Partial Payment in the amount of \$ \_\_\_\_\_.  
Applicable fees will be deducted from the requested amount.

Total Distribution  
Close account. Applicable fees will be taken prior to closing.

6. EXCESS CONTRIBUTION CORRECTION

Correcting Excess Contributions: The 6% excise tax on excess contributions will not apply to any excess contributions withdrawn before June 1 of the following year if the earnings on the excess are also withdrawn.

Year of excess \_\_\_\_\_

It is BEFORE June 1st of the following year for which the contribution was made:  
Return the excess contribution amount of \$ \_\_\_\_\_ plus earnings.

It is AFTER May 31st of the following year from which the contribution was made:  
Return the excess amount of \$ \_\_\_\_\_.

7. PAYMENT DELIVERY

Cash Payments Choose one and complete the requested information. If no selection is made, we will mail a check to the mailing address specified in section 2.

A. Check Would you like your check sent via overnight delivery?  YES (Charge my account)  NO

1.  Mail a check Responsible Individual's Address in section 2 of this form.

2.  Mail a check to the address below.  
(Medallion Signature Guarantee required in section 9)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

B. Electronic Funds Transfer (You must provide a Medallion Signature Guarantee if these instructions are new.)

Please choose payment option:  Wire or  ACH Transfer (direct deposit)

Type of account:  Checking or  Savings

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Number: \_\_\_\_\_

Sub Account Number (if applicable, for wires only): \_\_\_\_\_

Account Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please attach a preprinted voided check/deposit slip below to avoid delays. If the required document is provided, but no payment option chosen, we will send your distribution via ACH

Please attach pre-printed voided check/deposit slip here

Note: EFT instructions can only include a personal or joint account of the Account Owner. If you do not have a personal or joint account, please request this distribution to be sent via check to the address of record for the Account Owner.

For Savings accounts: you may substitute a letter from the receiving financial institution referencing the registration of the account, the account number, and the ABA number. Failure to attach the requested document will result in Pacific Premier Trust mailing a check to the address listed in section 2.

#### 8. TERMS AND CONDITIONS OF ACH AUTHORIZATION

By electing an ACH transfer, my signature will constitute acknowledgement that I have read and agree to the following:

I hereby authorize Pacific Premier Trust to effect payment for my distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Pacific Premier Trust to such account and to credit the same account without responsibility for the correctness thereof. I understand that such amounts will be debited as distributions from Coverdell Education Savings Account I recognize that after distribution from my retirement plan for deposit to be made to such account account can take up to three (3) banking days.

I understand that this authorization may be terminated (at no charge from Pacific Premier Trust) by me at any time by sending written notification to both my financial institution and to Pacific Premier Trust. I may direct Pacific Premier Trust not to credit my financial institution account, provided that such authorization is in writing and is received by Pacific Premier Trust not less than ten (10) calendar days prior to the initiation of the credit entry.

I agree to hold Pacific Premier Trust harmless from any consequences of acting in accordance with this authorization. I understand that Pacific Premier Trust is not liable for the failure of a credit entry to be accepted by my financial institution.

#### 9. SIGNATURE

I acknowledge all declarations made in this document.



Responsible Individual Signature

Date

Print Name:

[MEDALLION GUARANTEE STAMP HERE]

A Medallion Guarantee Stamp is required when:

- Establishing/changing bank information
- Changing address of record
- Check is being sent to an address other than the address of record

Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a signature guarantee.

NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:  
[www.PacificPremierTrust.com/upload](http://www.PacificPremierTrust.com/upload)

Fax to: 303-614-7096

Send mail to:  
Pacific Premier Trust  
Processing Center  
P.O. Box 173859  
Denver, CO 80217-3859

For express deliveries:  
Pacific Premier Trust  
Processing Center  
1560 Broadway, Suite 400  
Denver, CO 80202-3331

Questions?  
Call 1-800-962-4238