



# Coverdell ESA Distribution Request

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

Complete this form to request a distribution from your Coverdell Educational Savings Account (ESA). Consult your tax or financial adviser for information regarding distributions and taxation.

**MAIL TO: MONETTA FUNDS**

c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

**OVERNIGHT MAIL TO: MONETTA FUNDS**

c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., Floor 3  
Milwaukee, WI 53202-5207

## 1 ACCOUNT INFORMATION

<input type="text"/>		<input type="text" value="( )"/>	
RESPONSIBLE INDIVIDUAL NAME (FIRST, MIDDLE, LAST)		DAYTIME TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DESIGNATED BENEFICIARY'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SOCIAL SECURITY (LAST 4 DIGITS)	

## 2 DISTRIBUTION REASON

**Select the appropriate reason:**

- Qualified educational expenses
- Non-qualified distribution  
I understand that I may be responsible for paying a 10% excise tax in addition to normal income tax for a non-qualified distribution.
- Death of designated beneficiary (attach documentation)
- Return of excess contribution  
Indicate tax year excess contribution was made \_\_\_\_\_
- Other \_\_\_\_\_

## 3 DISTRIBUTION INFORMATION | Select One

- Full account distribution
- Partial account distribution

Account Number	Dollar Amount	OR	Number of Shares	OR	Full Fund Distribution
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/>	OR	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/>	OR	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/>	OR	<input type="checkbox"/>

**Note:** Shares recently purchased by check may not be available for redemption for up to 15 days following the purchase date to assure that the Funds have received payment for the purchase. A distribution fee will be taken from the account.

## 4 PAYMENT INSTRUCTIONS

- Please send a check to the address of record on my account.
- Wire Redemption. **A signature guarantee may be required** if banking instructions have not previously been established. A wire fee may apply. **Please attach a voided check.**
- Electronic Funds Transfer. (No fee applies) **A signature guarantee is required** if banking instructions have not previously been established. **Please attach a voided check, if establishing new bank instructions.**
- Alternative payee and/or address other than address of record. **A signature guarantee is required.**  
**Please use the space below for necessary information.**

Make check payable to:

Name

Address

City / State / Zip

## 5 SIGNATURE AND MEDALLION SIGNATURE GUARANTEE

I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

✓ **Under penalty of perjury, I certify that:**

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and**
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and**
- (3) I am a U.S. person (including a U.S. resident alien), and**
- (4) I am exempt from FATCA reporting.**

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE SIGNED (MM/DD/YYYY)

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE

\*The transfer agent will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions.)

**\*A notary public cannot provide a signature guarantee  
Note to Financial Institution:**

MEDALLION SIGNATURE GUARANTEE