

COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION FORM



SECTION 1: Responsible Party

Parent or Guardian of the Designated Beneficiary

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address - If different from above (P.O. Boxes accepted)

() ()
Day Phone Evening Phone

E-mail Address

Relationship to Designated Beneficiary

SECTION 2: Designated Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

Mailing Address- If different from above (P.O. Boxes accepted)

() ()
Day Phone Evening Phone

E-mail Address

SECTION 3: Reason for Distribution

A reason must be identified for the withdrawal.

Distribution for a Qualified Education Expense

- This distribution is being used for the qualified education expenses of the Designated Beneficiary.

Distribution Not Used for Education Expenses

- Permanent Disability of the Designated Beneficiary within the meaning of section 72(m)(7) of the Internal Revenue Code.
- Death: You are the Beneficiary or representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.
- Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made?

- Removal of excess contribution after deadline in which tax year was the contribution made?

- This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

- Age 30 attained by Designated Beneficiary.

SECTION 4: Distribution Instructions

If withdrawing from multiple funds, one form per Fund is required.

Fund Name Account Number

- I am withdrawing the total value of the Fund.

- I am making a partial withdrawal from this Fund.

\$ _____
Amount

Please select one of the following distribution options:

A Medallion Signature Guarantee is required to send assets to an address or bank other than the one listed on record.

- Mail to my address on record.
- Mail to: _____

Address of Residence - P.O. Box is not accepted (Street, City, State, Zip Code)

- Distribute to an existing non-retirement mutual fund account:

Fund Name Account Number

- New Account
(attach a completed application if opening a new Transparent Value Funds Account)

Fund Name Account Number

- Wire proceeds to my bank account. (complete Section 5)

SECTION 5: Bank Information

Account type: Checking Savings

Name on Bank Account

Bank Name

Bank Account Number

ABA Routing Number

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a **signature guarantee**. Please see Section 7.

I authorize Transparent Value Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Transparent Value Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Transparent Value Funds. The termination request will be effective as soon as Transparent Value Funds has had reasonable time to act upon it.

SECTION 6: Signatures

I authorize Transparent Value Funds to make the changes indicated to my account.

I authorize Transparent Value Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Transparent Value Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Owner's Signature Date (MM/DD/YY)

Joint Owner's Signature (if applicable) Date (MM/DD/YY)

SECTION 7: Signature Guarantee

A signature guarantee is required when distributing money to an address/bank other than the address/bank of record or making the payment to a party other than the owner of record.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks
 Credit Unions
 Member Firms of a domestic stock exchange
 National Securities Exchange & Savings
 (STAMP, SEMP, NYSE-MSP participation)
 Savings Associations
 Trust Companies

Medallion Signature Guarantee Stamp (ID Required)

Bank or Dealer Firm

Officer's Title

Officer's Signature Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Mailing Address

Transparent Value Funds
P.O. Box 46103
Denver, CO 80201

Overnight Address

Transparent Value Funds
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-888-727-6885 or visit www.transparentvalue.com.