

FIRSTHAND FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (COVERDELL ESA ACCOUNT) WITHDRAWAL AUTHORIZATION FORM

P.O. Box 534444 Pittsburgh, PA 15253-4444 1-888-884-2675

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Signature section for an explanation of the Medallion Signature Guarantee.

RESPONSIBLE IN	IDIVIDUAL					
Name:						
Address:						
City:	State: Zip:					
DESIGNATED BE	NEFICIARY					
Name:						
Social Security Numb	per: Date of Birth:					
Account Number:						
DISTRIBUTION R	REASON					
Qualified Distribution	on <u>Is Being Used</u> for Qualified Education Expenses:					
☐ The distri	bution from this Coverdell ESA Account is being used for qualified education expenses of the Designated Beneficiary.					
Non-Qualified Distri	bution <u>Is Not Being Used</u> for Education Expenses:					
1. This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.						
2. Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).						
☐ 3. Removal of excess contribution plus earnings before the tax-filing deadline. In which tax year was the contribution made? Is the contribution plus earnings being removed in the same year? ☐ Yes ☐ No						
4. Liquidatio	on of the Coverdell ESA Account because the Designated Beneficiary has attained age 30.					
5. Transfer incident to divorce or legal separation - attach a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be distributed.						
	erdell ESA Account is being rolled over to a Coverdell ESA for another eligible Family Member. Attached is either 1) 🔲 a Medallion Signature se letter of instruction indicating how the proceeds are to be delivered, or 2) 🔲 a new Firsthand Funds Coverdell ESA Adoption Agreement.					
	he Responsible Individual or representative of the Designated Beneficiary's estate must furnish a certified copy of the death certificate and select following options (A, B, or C) below.					
☐ A.	Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions on page 2.					
	Estate's Tax Identification Number:					
□ В.	Distribute assets in cash payable to the named Designated Death Beneficiary following the mailing instructions on page 2.					
	Beneficiary's Name:Social Security Number:					
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☐ c.	C. The Coverdell ESA Account is being rolled over to a Coverdell ESA for an eligible Family Member who is under the age of 30. Coverdell ESA Recipient's Name:						
	Attached is a new Firsthand Funds Coverdell ESA Ad		 ver contribution inve	estment			
Deposit as a rollover into an existing Coverdell ESA Account at Firsthand Funds. Account Number:							
	☐ Issue proceeds to a Coverdell ESA in the recipient's i						
DISTRIBUTION I	METHOD (Complete A, B and C)						
A. Choose one:	☐ Total Liquidation (or) ☐ Partial Distribution - Amou	unt: \$ (or)	Sł	hares			
B. Distribute from:							
Investment:		Do	llar Amount \$	or	%		
Investment:		Do	llar Amount \$ or		 %		
C. Mailing Instruction	one:				<u>—</u>		
distributio	e following address - (Medallion Signature Guarantee requ	uired if address is not already on file		eir estate in case o	f death		
Street:		City:	State:	Zip:			
Transfer f	unds electronically via ACH*: (voided check required) (or)	Mail check to*:					
	nstitution:		*Medallion Signa	ature Guarantee is	s required		
For the Be	enefit of:		and may be obtained at your local bank or				
Address: _			trust company, securities broker/dealer, clearing agency or savings association.				
Routing and Account Number:			*The receiving bank account must include your, or the Designated Beneficiary's, name				
SIGNATURE			in the account re	egistration.			
I certify that I am au any agent of either of authorized and dire without further inv	of them has given no tax or legal advice to me, and that all of them has given no tax or legal advice to me, and that all of ected to distribute funds from the account in the manner estigation or inquiry. I expressly assume responsibility fod Funds, and their agents shall in no way be responsible, and this form.	decisions regarding the elections ma requested. The Custodian may cor r any adverse consequences which	nde on this form are mandle on this name of the on this name arise from the	ny own. The Custons certification and election(s) and a	dian is hereby authorization gree that the		
Signature of Respo	nsible Individual:	Date:					
Mail to the followin	First Class Mail: Firsthand Funds P.O. Box 534444 Pittsburgh, PA 15253-4444	Overnight Mail: Firsthand Funds Attention: 534444 500 Ross Street, 154-052 Pittsburgh, PA 15262	1-	ustomer Service: -888-884-2675			
current custodian or tr or trust company, secu association that partici Securities Transfer Age programs are the Secu STAMP), Stock Exchan Signature Program (MS	uarantee Stamp and Signature (If required by your sansfer agent): An eligible guarantor is a domestic bank urities broker/dealer, clearing agency or savings ipates in a medallion program recognized by the ents Association. The three recognized medallion rities Transfer Agents Medallion Program (known as ges Medallion Program (SEMP), and the Medallion SP). A notarization from a notary public is NOT an for a signature guarantee.	Medallion Signature Guarantee Star	np				

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