



COVERDELL EDUCATION SAVINGS ACCOUNT CUSTODIAL APPLICATION*

education account holder's name (designated beneficiary) contact phone number member account number
street address city
state zip code country social security number member's birthdate

Depositor's Information
depositor's name social security number account number
street address city
state zip code contact phone number

Responsible Individual's Information Completed by Depositor
responsible individual's name responsible individual's signature
Note: Responsible individual must be one parent or legal guardian of designated beneficiary.
Check here if address is the same as the designated beneficiary's. If different, please provide below.
street address
city state zip code contact phone number

Election of Responsible Individual

(Please check one of the two boxes below. If neither box is checked, the account will be administered as if the second box had been checked.)

- 1. The responsible individual shall continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates.
2. When the designated beneficiary attains the age of majority under state law, the designated beneficiary becomes the responsible individual.

Depositor's Signature

I am establishing a Coverdell Education Savings Account under Internal Revenue Code section 530 for the benefit of the designated beneficiary whose name appears above exclusively to pay for the qualified higher education expenses, within the meaning of section 530(b)(2), of such designated beneficiary. I acknowledge receipt of the "Credit Union Coverdell Education Savings Account Disclosure Statement." I also accept the terms and conditions of the "Credit Union Coverdell Education Savings Account Custodial Agreement."

depositor's signature (required) date

See enclosed letter for complete instructions.

Acceptance of Custodian
The Credit Union hereby establishes a Coverdell Education Savings Account for the above designated beneficiary under the terms of the "Coverdell Education Savings Account Custodial Agreement."
credit union representative's authorized signature date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX 773-462-8735

* Recommend completion of Coverdell Education Savings Account (ESA) Death Beneficiary Designation/Change Form also.