

Coverdell Education Savings Account (ESA)**Rollover Authorization**_____
ESA owner's name (member)_____
member account number_____
amount of rollover

(Irrevocable Tax Treatment)

The rollover deposit must be made to the account within 60 days from the date you withdrew funds from your Coverdell ESA. Alliant must receive this form within 30 days following the date of the deposit, or the funds will be withdrawn and returned to you. If you are opening a new Coverdell ESA at Alliant with this deposit, you must also complete a Coverdell ESA application and receive additional disclosures and agreements. Please visit www.alliantcreditunion.org, your nearest Alliant Credit Union Branch or call 800-328-1935 to obtain these documents.

This rollover contribution is all or part of a distribution from another Coverdell ESA which was disbursed during the past 60 days. During the last 12 months, I have not received any assets from this account which I subsequently rolled over to another Coverdell ESA.

Only 1 Rollover is allowed per 365 days_____
ESA Responsible Individual's signature (required)_____
date

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