

SIT MUTUAL FUNDS
P.O. Box 9763
Providence, RI 02940

COVERDELL EDUCATION SAVINGS ACCOUNT
WITHDRAWAL AUTHORIZATION &
INSTRUCTIONS FOR DISTRIBUTION

RESPONSIBLE INDIVIDUAL:

First Middle Last Name Social Security Number

Street City State Zip Code Telephone Number

DESIGNATED BENEFICIARY:

First Middle Last Name Social Security Number

Street City State Zip Code Date of Birth

FUND(s): _____ **ACCOUNT NUMBER:** _____

DISTRIBUTION METHOD (Select One)

- Partial Withdrawal in the Amount of: \$ _____
 Total Distribution of Account

DISTRIBUTION REASON (Select One)

Distributions for Qualified Education Expenses:

- a. Distributions from this account are being used for qualified education expenses of the Designated Beneficiary.

Distributions Not Used for Education Expenses:

- b. This distribution is not being used for qualified education expenses (**and** none of the other reasons below apply)
 c. Permanent Disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code)
 d. Death (Contact us for more information and document requirements.)
 e. Removal of Excess Contribution plus earnings before deadline. In which tax year was the contribution made?
Is the contribution plus earnings being removed in the same year? Yes No
 f. Transfer, including Transfer Incident To Divorce or legal separation. Payable to: _____
 g. This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: _____
 h. Age 30 attained by Designated Beneficiary

SIGNATURE

I certify that I am the Responsible Individual authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Sit Mutual Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Sit Mutual Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Responsible Individual's Signature

Date