

# Coverdell ESA

REQUEST FOR TRANSFER

## 1 Account Information

**Designated Beneficiary**  
THE STUDENT

NAME (First, Initial, Last) \_\_\_\_\_ GENDER:  Male  Female \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_ TAXPAYER ID NUMBER or SSN \_\_\_\_\_

U.S. CITIZENSHIP STATUS:  
 CITIZEN  
 RESIDENT ALIEN  
 NONRESIDENT ALIEN

**Responsible Individual**  
THE PARENT OR GUARDIAN  
As established on the account being transferred.

NAME (First, Initial, Last) \_\_\_\_\_ RELATION:  Mother  Father  Guardian \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EMAIL (optional) \_\_\_\_\_ TAXPAYER ID NUMBER or SSN \_\_\_\_\_

U.S. CITIZENSHIP STATUS:  
 CITIZEN  
 RESIDENT ALIEN  
 NONRESIDENT ALIEN

## 2 Account to be Transferred

**Current Custodian / Financial Institution**

The Coverdell ESA Custodian/Trustee (transferor), is hereby directed to transfer the Designated Beneficiary's assets identified in the Transfer Instructions section.

**+** ATTACH a copy of your recent account statement from your present Custodian.

**!** COVERDELL ESA transfers can only occur between Designated Beneficiary and/or the Coverdell ESA of a qualified Designated Beneficiary.

NAME (Custodian, Trustee, Transferor) \_\_\_\_\_ COVERDELL ESA ACCOUNT NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## 3 Transfer Instructions

**Assets to be Transferred**  
PLEASE SEE ADDITIONAL INFORMATION INCLUDED WITH THIS FORM.

**i** NOTE: Penalties and market fluctuation may affect the distribution amount.

A. PAYMENT AMOUNT:  My entire ESA Account.  A portion of my ESA Account. \$ \_\_\_\_\_

B. PAYMENT SCHEDULE:  Immediately liquidate all investments and send cash proceeds.  Liquidate the investments as identified below:

FUND(S) TO BE LIQUIDATED	ACCOUNT NUMBER	AMOUNT TO BE TRANSFERRED	TAX YEAR
1. _____	_____	\$ _____ %	_____
2. _____	_____	\$ _____ %	_____
3. _____	_____	\$ _____ %	_____

**Net Asset Value (NAV)**  
**!** FOR ADVISOR/FUND USE ONLY.

This account is eligible for NAV purchases. (Both sections must be selected to be processed.)

I certify that  this account is eligible for this option according to the terms set forth in the fund prospectus.

**4** Investment Selection

Your Fund Choices		FUND NAME(S)	CLASS	ALLOCATION	FUND NAME(S)	CLASS	ALLOCATION
If no share class is indicated, a Class A share account will be established.		1. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	4. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
<b>⚠️ TO PURCHASE CLASS I SHARES:</b> You must be working with a Registered Investment Advisor.		2. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	5. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %
		3. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %	6. _____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I	\$ _____ %

**Reduced Sales Charge**  
Class A & C shares combined.

RIGHT OF ACCUMULATION: The following Timothy Plan accounts, if any, are related and should be included in my aggregate purchases to be calculated when assessing my reduced sales load.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**5** Acknowledgment

**Responsible Individual Signature**

**⚠️ WARNING.** This application will not be processed unless signed below by the Responsible Individual.

**i SIGNATURE GUARANTEE:** Your current trustee/custodian may require a guaranteed signature. Contact them for signature requirements.

By my signature hereon below, I certify that I am the Responsible Individual for the Coverdell ESA set forth above. I further certify that I have the authority to direct the transfer of the assets of said Coverdell ESA. I acknowledge that I am responsible for determining the appropriateness of this transaction, and hereby agree to indemnify and hold the Custodian/Trustee harmless against any and all situations arising from this transfer. I further represent that I have established a Coverdell ESA with the Timothy Plan, for which Constellation Trust Company is the Custodian/Trustee.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE INDIVIDUAL

\_\_\_\_\_  
DATE

**To Current Trustee / Custodian**

FOR SUCCESSOR AND CURRENT CUSTODIAN ONLY.

The custodian/trustee signing below agrees to accept custodianship/trusteeship, and the transferring assets described above, for the Timothy Plan Coverdell ESA account established on behalf of the above-named owner.

\_\_\_\_\_  
CONSTELLATION TRUST COMPANY

\_\_\_\_\_  
DATE

DELIVERY INSTRUCTIONS

A. Transferee ESA Account Number \_\_\_\_\_

B. Make check payable to or certificate registration in the name of \_\_\_\_\_

as  Custodian  Trustee for the Coverdell ESA of: \_\_\_\_\_

**6** Mailing Your Application

Return Completed Form	REGULAR DELIVERY:	OVERNIGHT DELIVERY:
USE YOUR PREFERRED MAILING METHOD.	Timothy Plan c/o Ultimus Fund Solutions, LLC PO Box 46707, Cincinnati, OH 45246-0707	Timothy Plan c/o Ultimus Fund Solutions, LLC 225 Pictoria Dr, Ste 450, Cincinnati, OH 45246
		Phone   (800) 662-0201 Local   (402) 493-4603 Fax   (402) 963-9094

**ADDITIONAL GUIDANCE.** It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the Coverdell ESA agreement and disclosure statement issued upon establishing the Coverdell ESA or amendments provided by the custodian/trustee. For more information refer to Internal Revenue Service (IRS) Publication 970—Tax Benefits for Higher Education, your local IRS office, or the IRS’s website at [www.irs.gov](http://www.irs.gov).

**RESPONSIBLE INDIVIDUAL.** The responsible individual is generally the parent or legal guardian of the designated beneficiary but, in some circumstances, may be the designated beneficiary or another individual. The responsible individual has the power to direct the custodian/

trustee concerning administration, management, investment, movement, and distribution of the account. Refer to the Coverdell ESA agreement, disclosure statement, or amendments thereto for specific guidance on the responsible individual’s role and responsibilities.

**QUALIFIED DESIGNATED BENEFICIARY.** A qualified designated beneficiary is a family member of an existing designated beneficiary. In addition to the spouse of the designated beneficiary, members of the designated beneficiary’s family are defined under Internal Revenue Code (IRC) Sections 529(e)(2) and 152(a) respectively as:

- a son or daughter, or a descendant of either
- a stepson or stepdaughter
- a brother, sister, stepbrother, or stepsister

- the father or mother, or an ancestor of either
- a stepfather or stepmother
- a son or daughter of a brother or sister
- a brother or sister of the father or mother
- a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
- the spouse of any individual described above
- first cousin of the designated beneficiary