



Coverdell ESA Change Form

INSTRUCTIONS

Use this form to:
Replace the Responsible Individual on an existing QTC Coverdell ESA and/or change elections
Change the death beneficiary on an existing QTC Coverdell ESA

A. CURRENT ACCOUNT INFORMATION

Designated Beneficiary's Name/ Client Name:

Social Security Number:	Date of Birth:	Email Address:
Responsible Individual's Name:		Responsible Individuals' Phone Number:

B. UPDATE OR REPLACE RESPONSIBLE INDIVIDUAL

The Responsible Individual must be the parent or legal guardian of the Designated Beneficiary and will control all decisions regarding the account. The Designated Beneficiary may assume the role of Responsible Individual once he or she reaches the age of majority by state law and submits the appropriate paperwork to Quest Trust Company.

Type of change: (select one)
Designated beneficiary has reached age of majority by state law for the state in which he or she resides and will assume the role of responsible individual. **Required documents include copy of government issued ID for designated beneficiary.**
Replace living responsible individual **Required to obtain notarized signature of resigning and signature of successor responsible individual.**
Replace deceased responsible individual **Required documents include copy of the death certificate of the deceased responsible individual.**

Successor Responsible Individual Name:

Social Security Number:	Date of Birth:	Mobile Phone Number:
Email Address:	Relationship to Designated Beneficiary:	
Legal Address (May not be P.O. Box):	City, State, Zip Code:	

**Answer "Yes" or "No" to the following questions. If left blank, the default selection will be "No".
Note: This election cannot be changed once the minor/designated beneficiary reaches the age of majority.**

Yes	No	The Responsible Individual shall continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.
Yes	No	The Responsible Individual may change the beneficiary designated under this Custodial Agreement pursuant to section 6.01 of the Custodial Agreement.

C. CHANGE OF DEATH BENEFICIARY DESIGNATION

The Death Beneficiary is the individual or entity named to receive assets upon the death of the Designated Beneficiary. If a Death Beneficiary is a family member and under age 30 at the time of the Designated Beneficiary's death, they may be eligible to transfer or roll over assets into a Coverdell ESA. The age limit does not apply if the Death Beneficiary is a special needs beneficiary.

For individuals, please prove the name, social security number, date of birth, and relationship for each beneficiary. For estates, trusts or other entities please provide the exact name or title of the entity, tax identification number, and the date of inception (if available). Although all fields are not required, we ask you provide as much information as possible to help ensure that after your death we are able to properly identify your designated beneficiary.

Primary	Beneficiary's Name:	Relationship:
	Date of Birth or Date of Creation:	Social Security/ Tax ID Number:
Contingent	Mailing Address:	City, State, Zip Code:
	Primary Phone Number:	Email Address:
Designated Percentage: _____		

