

**COVERDELL ESA CHANGE NOTICE
(FORM 2509E)**

Please Print or Type (If the Designated Beneficiary's information is being corrected, this section should include the old, incorrect information.)

CID# (Organization will complete.)

Financial Organization Name

Social Security Number

ESA Suffix

Designated Beneficiary's Name (First, Initial, Last)

Account Number

IDENTIFYING INFORMATION CHANGE/CORRECTION

This section cannot be used to change the person who is the Designated Beneficiary, Grantor/Depositor or Responsible Individual.

Designated Beneficiary's Information

Correct Name (First, Initial, Last)

New Address

Apt. #

Correct Social Security Number

Birth Date (MM/DD/YYYY)

Mailing Address if Different From Street Address

New/Correct Account Number

City, State, ZIP

Grantor/Depositor's Information

Correct Name (First, Initial, Last)

New Address

Apt. #

Correct Social Security Number

Check here if new address is the same as Designated Beneficiary's. If not, please provide new information to the right.

Mailing Address if Different From Street Address

City, State, ZIP

Responsible Individual's Information

Correct Name (First, Initial, Last)

(must be parent or legal guardian of Designated Beneficiary)

New Address

Apt. #

Check here if new address is the same as Designated Beneficiary's. If not, please provide new information to the right.

Mailing Address if Different From Street Address

City, State, ZIP

CHANGE TO ELECTION OF RESPONSIBLE INDIVIDUAL (Must be completed by Grantor/Depositor)

- 1. The Responsible Individual shall continue to serve as the Responsible Individual for the trust after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the trust (custodial account) and the trust (custodial account) terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary shall become the Responsible Individual. (NOTE: This election may not be made after the Designated Beneficiary reaches the age of majority.)
- 2. When the Designated Beneficiary attains the age of majority under state law the Designated Beneficiary becomes the Responsible Individual.

ACCOUNT STATUS CHANGE/CORRECTION

To make a change to the status of an account, check the appropriate box below and fill in any requested information.

- 1. Permanently close this zero balance account as of _____ (MM/DD/YYYY)
- 2. Reopen this previously closed account

SIGNATURE

The Responsible Individual should sign a change in identifying information or account status, and the Grantor/Depositor should sign a change in the election of Responsible Individual.

Responsible Individual's Name (PLEASE PRINT)

X

Responsible Individual's Signature

Date (MM/DD/YYYY)

Grantor/Depositor's Name (PLEASE PRINT)

X

Grantor/Depositor's Signature

Date (MM/DD/YYYY)

Any changes indicated on this Change Notice (Form 2509E) were directed by the Responsible Individual and/or the Grantor/Depositor.

X

Organization Representative's Signature

Date (MM/DD/YYYY)