

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

Please Print or Type (This section reflects the information currently on file with the trustee or custodian.)

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 should only be completed to update information. This form should not be used to change the Designated Beneficiary, Grantor/Depositor, or Responsible Individual. Complete only the information to be changed or corrected.

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	Mailing Address if Different From Street Address	
<input type="checkbox"/> Check here if new address is the same as Designated Beneficiary's. If not, please provide new information to the right.	City, State, ZIP	

Responsible Individual's Information

Correct Name (First, Initial, Last)	New Address	Apt. #
<input type="checkbox"/> 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

- 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 authorize change in the information or account status described above.

X
Responsible Individual's Name (PLEASE PRINT)

X
Responsible Individual's Signature _____ Date (MM/DD/YYYY)

Any changes indicated on this Change Notice (Form 2509E) were directed by the Responsible Individual.

X
Organization Representative's Signature _____ Date (MM/DD/YYYY)