



# Coverdell ESA

DISTRIBUTION/WITHDRAWAL REQUEST

## 1 Account Registration

### Designated Beneficiary

**i** FOR ASSISTANCE with this form, call Shareholder Services at (800) 662-0201, or the Timothy Plan at (800) 846-7526.

BENEFICIARY'S NAME <i>(First, Initial, Last)</i>		GENDER: <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	TAXPAYER ID NUMBER OR SSN
ADDRESS				
CITY		STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL <i>(optional)</i>	TIMOTHY PLAN ACCOUNT NUMBER		

### Responsible Individual

RESPONSIBLE INDIVIDUAL'S NAME <i>(First, Initial, Last)</i>		GENDER: <input type="radio"/> Male <input type="radio"/> Female	TAXPAYER ID NUMBER OR SSN	
ADDRESS				
CITY		STATE	ZIP	
DAYTIME PHONE NUMBER	EMAIL <i>(optional)</i>	TIMOTHY PLAN ACCOUNT NUMBER		

## 2 Distribution Information

### Type of Distribution

DISTRIBUTION REASON: *(Select One)*

#### A. Higher Education Expenses.

**Exclusively for Qualified Education Expenses.** Distributions from this account are being used exclusively for qualified higher education expenses of the designated beneficiary.

#### B. Other Distributions.

- Some or None** of this distribution is being used for qualified higher education expenses and the other reasons below apply do not apply.
- Permanent Disability** of the designated beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
- Death.** You are the representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.
- Removal of Excess Contribution** plus earnings before tax filing deadline. In which tax year was the contribution made? \_\_\_\_\_ Is the contribution plus earnings being removed in the same year?  Yes  No
- Transfer** payable to: \_\_\_\_\_.
- Rolled Over or Transferred** to another Coverdell ESA for the following family member:  
\_\_\_\_\_
- Age 30** attained by Designated Beneficiary.



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## Distribution Options

Complete either A or B. If requesting a repurchase of shares in kind in a new account, proceed to Section 5.

If no share class is indicated, Class A shares will be sold first.

### A. One-time distribution.

- All
- Partial distribution. (Complete the section below)

FUND NAME(S)	CLASS	DISTRIBUTION	
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %

### B. Installment payments.

FREQUENCY :  One Time Only  Monthly  Quarterly  Annually (until further notice)

START DATE: \_\_\_\_\_  
MM/DD/YYYY

FUND NAME(S)	CLASS	WITHDRAWAL	
1. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %
2. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %
3. _____	<input type="checkbox"/> A <input type="checkbox"/> C	\$ _____	_____ %

## 3 Payment Instructions

### Methods of Payment

- A. The undersigned to the address of record.
- B. To the following address: (Signature Guarantee Required)

NAME \_\_\_\_\_

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

- C. Deposit into existing account number: \_\_\_\_\_
- D. Deposit into a new Timothy Plan account. (Complete and attach the appropriate form.)
- E. By ACH, at no charge, directly into my checking account. (Bank information must be on file.)
- F. By wire into my bank checking account. (Complete the bank section below, a wire fee may apply.)

#### CHECKING OR SAVINGS ACCOUNT INFORMATION

NAME OF BANK \_\_\_\_\_ BANK'S PHONE NUMBER \_\_\_\_\_ ABA ROUTING NUMBER \_\_\_\_\_

NAME(S) ON BANK ACCOUNT \_\_\_\_\_ BANK ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT TYPE:  
 Checking  
 Savings

**NO CHECKS?** If you do not have a check or preprinted deposit slip for this account, please contact your savings account provider for wiring instructions, or call (800) 662-0201.

JOHN AND JANE DOE  
123 Any Street  
Anytown, USA 12345

101  
Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

BANK NAME \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_

For \_\_\_\_\_

Tape your voided check or preprinted deposit slip here.

**PLEASE DO NOT USE STAPLES.**

## 4 Tax Withholding Election

### Federal Income Tax Election

**i NOTE:** If not distributed for qualified educational expenses, Federal law requires us to withhold income tax equal to 10% of the distribution unless you elect otherwise. If we withhold federal tax, state tax may also be required (see Section 6). You may want more than 10% withheld because insufficient withholding or underpayment of estimated taxes may result in IRS penalties.

- A portion of your CESA distribution may be taxable. Consult your tax advisor if you have concerns.
- The withholding percentage elected or the default withholding percentage will be applied to the entire distribution amount.
- Check one box below to indicate your federal withholding election. If you take your distributions in periodic withdrawals, the election you make now will apply until you change it. If no election is made, the custodian must withhold taxes at the required rate.
- Check with your tax advisor to determine if a state tax is applicable.

**A. DO NOT withhold federal taxes.** Your U.S. residence address is required (*no P.O. boxes*).

ADDRESS CITY, STATE ZIP

**B. WITHHOLD federal taxes** from the total distribution in the amount of \$ \_\_\_\_\_ or at the rate of \_\_\_\_\_%.

#### OPTIONAL REQUEST

**Please send the gross amount requested.** (*Unless otherwise noted, the amount of money withheld in your account will be deducted from the amount you requested.*)

## 5 Acknowledgment

### Your Signature

**! WARNING.** This application will not be processed unless signed by the Account Owner(s).

**i SIGNATURE GUARANTEE:** A Signature Guarantee Medallion Stamp is required to modify an existing account. You may have your signature guaranteed by a commercial bank, savings bank, credit union, a trust company or a member of a national securities exchange. An acceptable signature must contain the words "signature guaranteed" and the institution's name. It is not required for new accounts.

I certify that I am the proper party to receive payment(s) from this Coverdell Education Savings Account, and that all information provided by me is true and accurate. I understand that distributions from this Coverdell Education Savings Account are reported to the IRS. I further certify that no tax advice has been given to me by the Custodian or Trustee and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution and for any adverse consequences which may arise from this withdrawal. I agree that the Custodian or Trustee shall in no way be responsible for those consequences.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED ACCOUNT OWNER'S

\_\_\_\_\_  
DATE

## 6 Mailing Your Application

RETURN THIS FORM BY MAIL TO:

The Timothy Plan  
c/o Ultimus Fund Solutions  
Post Office Box 541150  
Omaha, NE 68154

Tollfree | (800) 662-0201  
Telephone | (402) 493-4603  
Facsimile | (402) 963-9094