



Southwest Securities, Inc. and/or Broker/Dealers for which it clears
 Southwest Securities, Inc. Member NYSE/NASD/SIPC

Coverdell ESA Distribution Form

1. General Information

Designated Beneficiary: _____ SSN: _____ Birthdate: _____
 Residence Address: _____ Phone: _____
 Responsible Individual: _____ SSN: _____
 Residence Address: _____ Phone: _____

For death distributions, complete the following:

Death Beneficiary's Name: _____ SSN: _____ Birthdate: _____
 Residence Address: _____ Phone: _____
 Relationship to Deceased: _____

2. Distribution Reason

Distributions for Qualified Education Expenses:

a. Distributions from this account are being used for qualified education expenses of the designated beneficiary.

Distributions Not Used for Education Expenses:

- a. This distribution is not being used for qualified education expenses and none of the other reasons below apply.
- b. Permanent Disability of the designated beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code)
- c. Death (You are the representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate)
- d. Removal of Excess Contribution plus earnings before deadline. In which tax year was the contribution made? _____
 Is the contribution plus earnings being removed in the same year? Yes No
- e. Transfer, including Transfer Incident To Divorce or legal separation. Payable to: _____
- f. This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: _____

3. Distribution Type. (Check ONE)

- A. Distribute my entire account and close my account. (Note: There is a \$25 closing fee.)
- B. Distribute cash from my account:
 Gross Amount: \$ _____ Net Amount: \$ _____ (after tax withholding)

C. Distribute the following securities:

Asset Description	Quantity	Asset Description	Quantity

4. Distribution Method. (Check ONE)

- 1. Check
- 2. Transfer to SWS account #: _____
- 3. Stock Certificate
- 4. ACH (Must also complete the ACH Form on back)
- 5. Wire (Fill in the following & note that there is a \$25 wiring fee.)
 Bank name: _____
 Routing #: _____ Account #: _____

5. Tax Withholding – Form W-4P/OMP No. 1545-0415. (Check ONE)

The Tax Equity and Fiscal Responsibility Act of 1982 requires withholding of Federal Income Taxes from distributions beginning on January 1, 1983, unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. IF NO ELECTION IS MADE, THE CUSTODIAN MUST WITHHOLD TAXES AT THE REQUIRED RATE (10%). Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

- I elect to have no income tax withheld from my Retirement Account Distribution.
- I want the following percentage withheld _____ % (not less than 10%) from each payment.

6. Signatures.

I certify that I am the proper party to direct 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.

X _____
 Responsible Individual's Signature Date

X _____
 Authorized Signature - Custodian or Trustee Date