

<b>Regular mail:</b> Impax Funds P.O. Box 534463 Pittsburgh, PA 15253-4463	<b>Overnight mail:</b> Impax Funds Attention: 534463 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Telephone: 1 (800) 372 7827
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## Coverdell Education Savings Account

### Withdrawal Authorization and Instructions for Distribution

Complete this form to request a total or partial distribution from your Impax Coverdell Education Savings (ESA) account.

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see **Section 5**: "Tax ID Certification and Participant Authorization" section for an explanation of the Medallion Signature Guarantee.

Fields noted with an asterisk (\*) are required.

### 1. Participant Information

**Responsible Individual** (Parent/Guardian of Designated Beneficiary)

Name*		Social Security/Tax ID No.*	
Mailing Address*	City*	State*	Zip Code*
Day Telephone	Evening Telephone	Cell Telephone	
Birthdate* (mm/dd/yyyy)	Email Address		

Check here if contact information above is new. The new information will replace the information currently on file.

**Designated Beneficiary of Coverdell ESA**

Name*	Social Security/Tax ID No.*
Account Number*	Birthdate* (mm/dd/yyyy)

### 2. Reason for Distribution

**Qualified Distribution - Is Being Used for Qualified Education Expenses:**

The distribution from this account is being used for qualified education expenses of the Designated Beneficiary.

**Non-Qualified Distribution - Is Not Being Used for Education Expenses:**

- 1. This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.
- 2. Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
- 3. Removal of excess contribution plus earnings before the tax-filing deadline.

In which tax year was the contribution made?

Is the contribution plus earnings being removed in the same year  Yes  No

**Coverdell Education Savings Account**

Withdrawal Authorization and Instructions for Distribution (continued)



- 4. Liquidation of the Coverdell ESA account for the Designated Beneficiary who has attained age 30.
- 5. Transfer incident to divorce or legal separation - attach a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be distributed.
- 6. The Coverdell ESA Account is being rolled over to a Coverdell ESA for another eligible family member designated below. A Medallion Signature Guaranteed (MSG) is required in **Section 5**.

Coverdell ESA Recipient's Name:

- Attached is a new Impax Funds Coverdell ESA account application indicating a rollover contribution investment.
- Deposit as a rollover into an existing Coverdell ESA Account at Impax Funds.

Account Number:

- Rollover proceeds to a Coverdell ESA in the recipient's name at another institution following the instructions in **Section 4**.

- 7. Death - the Responsible Individual or representative of the Designated Beneficiary's estate must obtain a Medallion Signature Guarantee (see below) or furnish a certified copy of the death certificate and select from the following options (**A**, **B**, or **C**) below.

- A.**  Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions in **Section 4**.

Estate's Tax Identification Number:

- B.**  Distribute assets in cash payable to the named Death Beneficiary following the mailing instructions in **Section 4**.

Death Beneficiary's Name:  Social Security Number:

- C.**  The Coverdell ESA Account is being rolled over to a Coverdell ESA for an eligible family member who is under the age of 30. This option applies to a Death Beneficiary who is a qualified family member, or, if the Death Beneficiary predeceases the Designated Beneficiary, or no beneficiary is named, can be applied to any qualified family member within 30 days of the death of the Designated Beneficiary.

Coverdell ESA Recipient's Name:

- Attached is a new Impax Funds Coverdell ESA account application indicating a rollover contribution investment.

- Deposit as a rollover into an existing Coverdell ESA Account at Impax Funds.

Account Number:

- Rollover proceeds to a Coverdell ESA in the recipient's name at another institution following the instructions in **Section 4**.

**3. Distribution Method — select A or B**

A.  Total Liquidation

B.  Partial Distribution. Amount \$  or  Shares

Choose one:  Distribute proportionally across all funds, or  Distribute as indicated below:

	Dollar Amount to be invested		Percentage to be invested
Fund:	\$ <input type="text"/>	<b>OR</b>	<input type="text"/> %
Fund:	\$ <input type="text"/>	<b>OR</b>	<input type="text"/> %
Fund:	\$ <input type="text"/>	<b>OR</b>	<input type="text"/> %
<b>Total Amount</b>	<b>\$ <input type="text"/></b>	<b>OR</b>	<b>100 %</b>

Note: The percentage must equal 100%. If specific funds are chosen, but no percentage is provided, we will redeem equal portions from each fund listed.

**4. Payment Method**

**Mail to the Designated Beneficiary's address of record** - Check will be made payable to the Designated Beneficiary of record (or to their estate in case of death distribution)

**Mail to the following alternative address or payee.** Payment instructions require a Medallion Signature Guarantee (see Section 5).

Make check payable to:

Mail check to:

Mailing Address	City	State	Zip Code
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**Direct Rollover Deposit to a Coverdell at Another Custodian** - Check will be made payable to the receiving custodian. Payment instructions require a Medallion Signature Guarantee (see Section 5).

Receiving Custodian	Account Number		
Mailing Address	City	State	Zip Code

**Send to my bank account by electronic transfer.** If these banking instructions are not currently on file for your Impax Coverdell ESA account, your signature on this form must be guaranteed with a Medallion Signature Guarantee (see Section 5). For new instructions please attach a voided, unsigned check for the bank account to be used in conjunction with electronic (ACH) transactions. If you are unable to provide a check see **Section 5.**

Bank Name	Name(s) on Bank Account		
Bank Routing/ABA Number	Bank Account Number	This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account	

Note: one common name must appear on both your Impax account registration and the bank account registration.

**5. Tax ID Certification and Participant Authorization**

If you are adding banking information to your account(s) and have not included a voided check, attach a copy of your bank statement, or a letter on bank stationary with your account registration, account number and bank routing number. The letter must be signed by a bank official.

*I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, Impax Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Impax Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.*

**Taxpayer Identification Number Certification**

**As Required by Federal law, I/we certify under penalties of perjury that:**

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (  Check this box if you ARE subject to backup withholding); and**
- 3. I am a U.S. citizen or other U.S. person (defined in the instructions); and**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct:**

Instructions for IRS Form W-9 will be provided upon request. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Responsible Individual	Date
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**Medallion Signature Guarantee (if required):** An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

**Medallion Signature Guarantee**