



MEEDER

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Meeder Funds Coverdell Education Savings Account (ESA) Request for Distribution Form

CHILD/STUDENT (DESIGNATED BENEFICIARY) INFORMATION

NAME ACCOUNT NUMBER SOCIAL SECURITY NUMBER DATE OF BIRTH

ADDRESS CITY, STATE, ZIP

RESPONSIBLE INDIVIDUAL INFORMATION

NAME SOCIAL SECURITY NUMBER DAYTIME PHONE NUMBER

TYPE OF DISTRIBUTION

- Qualified/Non-qualified (No other type applies)
Disability of Designated Beneficiary
Death of Designated Beneficiary
Return, by deadline, of contribution plus net income attributable made in [] current [] prior year
Return, after deadline, of excess contribution
Transfer to another ESA or a qualified tuition program (section 529) (same Designated Beneficiary)
Transfer to another ESA or a qualified tuition program (section 529) (different Designated Beneficiary—family member of current Designated Beneficiary)
Divorce—transfer to ESA or a qualified tuition program (section 529) of spouse or former spouse, under a decree of divorce or legal separation

PAYMENT ELECTION & METHOD

Total Balance (to close ESA) Amount \$
Partial Payment of \$ from Fund
Return of Contribution—Amount \$, plus net income attributable of \$ (if applicable)
Other

Frequency: Monthly Quarterly Annually Other First Payment Date: Amount:
(To set up a systematic withdrawal, your account must have a minimum of \$10,000 in shares and the minimum amount for a systematic withdrawals is \$100.)

Funds Disposition: Mail to Recipient ACH Fed Wire Other

Payable To: Responsible Individual Beneficiary Successor Trustee/Custodian Other

NAME SOCIAL SECURITY NUMBER BANK NAME (FOR ACH OR WIRE TRANSACTIONS)

ADDRESS CITY, STATE, ZIP OR LAST 4 DIGITS OF BANK ACCOUNT NUMBER ON RECORD

*If adding a new bank account, please complete the Meeder Wire/ACH Interactions Form.

SIGNATURES

I certify that I am the Responsible Individual for this ESA. I also certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I understand that this transaction may be subject to fees, taxes, and/or penalties. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

SIGNATURE OF RESPONSIBLE INDIVIDUAL PRINTED NAME OF RESPONSIBLE INDIVIDUAL DATE