Coverdell ESA Distribution Request

1 Saturna Account Number: ☐☐☐☐☐-☐☐-☐☐

Grantor (Responsible Party): ❒ Mr. ❒ Mrs./Ms. ❒ Dr.

First Name M.I. Last Name

Date of Birth: MM DD YYYY

Social Security Number:

Street Address:

City State Zip

Designated Beneficiary:

First Name M.I. Last Name

Date of Birth: MM DD YYYY

Social Security Number:

Street Address:

City State Zip

2 Distribution Reason (Check ONE):

Distributions for Qualified Education Expenses:

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

Distributions Not Used for Education Expenses:

❑ Permanent Disability of the designated beneficiary (as defined by 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 deadline.

Year of Contribution:

Is the Contribution being removed in the same year?

❑ Yes ❑ No

❑ Transfer, including transfer incident to divorce or legal separation. Payable to:

❑ This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

Return completed forms to: **Saturna Capital**
P.O. Box N
Fax: (360) 734-0755 **Bellingham, WA 98225**

3 Distribution Type:

❑ Distribute the following amounts from the following Funds:

- ❍ Amana Growth $
- ❍ Amana Income $
- ❍ Sextant Growth $
- ❍ Sextant International $
- ❍ Sextant Core $
- ❍ Sextant Short-Term Bond $
- ❍ Sextant Bond Income $

❑ Distribute the entire amount and close my account.

❑ Distribute the following securities from my Brokerage ESA:

Asset Description	Quantity

Total amount to distribute: $

4 Distribution Method (Check ONE):

❑ Check

❑ Wire (Fee applies; $5,000 min., instructions required (please contact Saturna for info.)

❑ Transfer to Saturna Account: ☐☐☐☐☐-☐☐-☐☐

❑ ACH ***(Requires prior ACH authorization)***

ABA Routing # Account #

5 Tax Withholding Form W-4 (for non-qualified distributions only):

The Tax Equity and 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 if your withholding and/or tax payments are not sufficient.*

❑ I elect to have no income tax withheld from my Coverdell ESA Distribution ❑ Please withhold % from each payment

6 Signatures:

I certify that I am the proper party to direct payment(s) from this Coverdell Education Savings Account, and all information provided by me is accurate and true. I understand that distributions from this Coverdell Education Savings Account are reported to the IRS. Furthermore, I 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.

Signed: _____ **Date:** _____
Responsible Individual's Signature

Signed: _____ **Date:** _____
Authorized Signature - Custodian or Trustee Acceptance