



Hilltop Securities Inc. and/or Broker/Dealers for which it clears
 Hilltop Securities Inc. Member NYSE/FINRA/SIPC

Coverdell ESA Distribution Form

1. General Information

HTS Account Number: _____
 Designated Beneficiary: _____ SSN: _____ Birthdate: _____
 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 (Attach the earnings worksheet.)
- 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: \$ _____

C. Distribute the following securities:

Asset Description	Quantity	Asset Description	Quantity

4. Distribution Method. (Check ONE)

- 1. Check
- 2. Transfer to HTS account #: _____
- 3. Stock Certificate
- 4. ACH (Must also complete the ACH Form on back)
- 5. Wire (Fill in the following.)
 Bank name: _____
 City: _____ State: _____ Country: _____
 Routing #: _____ Account #: _____

5. 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