



# Coverdell Education Savings Account Transfer of Assets and/or Change of Beneficiary Request Form

## IMPORTANT INFORMATION:

- Please use this form when transferring your existing Coverdell Education Savings Account (Coverdell ESA) to Fiduciary Trust International of the South ("FTIOS") as Custodian. **You will also need to complete a Coverdell Education Savings Account Application if you have not already done so.**
- This form may also be used to change the beneficiary on your Coverdell ESA (the beneficiary must be under age 30). Please contact your current Coverdell ESA Custodian to verify whether any other form is necessary to complete this transfer and/or redesignation of beneficiary.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

If applicable, provide any Franklin Templeton CASE NUMBER(S) related to your request: \_\_\_\_\_

## 1 ACCOUNT INFORMATION

### NAME OF BENEFICIARY

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ SSN/ITIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Street address of residence (no P.O. Box address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### NAME OF RESPONSIBLE INDIVIDUAL

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ SSN/ITIN \_\_\_\_\_ Primary phone number \_\_\_\_\_ ( ) \_\_\_\_\_

## 2 CONTACT INFORMATION FOR CURRENT COVERDELL ESA CUSTODIAN/TRUSTEE

Please provide contact information for the current Coverdell ESA custodian/trustee below.

Current Custodian/Trustee name \_\_\_\_\_ Phone number \_\_\_\_\_ ( ) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 3 TRANSFER INSTRUCTIONS

NAME OF MUTUAL FUND OR INVESTMENT TRANSFERRING FROM	ACCOUNT NUMBER	AMOUNT	PERCENTAGE
_____	_____ <input type="checkbox"/> Balance <input type="checkbox"/> Partial	\$ _____	OR _____ %
_____	_____ <input type="checkbox"/> Balance <input type="checkbox"/> Partial	\$ _____	OR _____ %
_____	_____ <input type="checkbox"/> Balance <input type="checkbox"/> Partial	\$ _____	OR _____ %
_____	_____ <input type="checkbox"/> Balance <input type="checkbox"/> Partial	\$ _____	OR _____ %

**NOTE:** All amounts to be transferred should be redeemed (liquidated) except for Franklin Templeton fund shares, which shall be transferred-in-kind.

## 4 INVESTMENT INSTRUCTIONS

Please indicate the allocation for your transfer, providing the amount to be invested in each fund (\$) or the percentage of the total allocation (%). If the account(s) identified in this section does not currently exist, a new application must accompany this request form.

- The total minimum investment amount is \$250.00 for each fund.
- Please specify the exact fund name.
- If no dollar amount or percentage is provided, your investment will be apportioned equally among the funds indicated below.
- The total dollar amount or percentage must equal 100% of your investment.

FRANKLIN TEMPLETON FUND NAME	ACCOUNT NUMBER	ALLOCATION AMOUNT	PERCENTAGE
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
		<b>TOTAL:</b> \$ _____	OR <b>100%</b>

**THE PRIMARY BENEFICIARY SHALL BE REDESIGNATED TO** (must be under age 30 or a Special Needs Beneficiary):

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)			City	State	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)			City	State	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number	Alternate phone number		<input type="checkbox"/> U.S. citizen or resident alien <input type="checkbox"/> Nonresident alien		
( <input type="text"/> )	( <input type="text"/> )				

If a Special Needs Beneficiary,<sup>1</sup> check this box: **THE CONTINGENT BENEFICIARY SHALL BE REDESIGNATED TO** (should the Primary Beneficiary fail to reach age 30):

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address of residence (no P.O. Box address)			City	State	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)			City	State	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number	Alternate phone number		<input type="checkbox"/> U.S. citizen or resident alien <input type="checkbox"/> Nonresident alien		
( <input type="text"/> )	( <input type="text"/> )				

I am (check one)  **A PARENT**     **THE LEGAL GUARDIAN** of the above-named Beneficiary ("Beneficiaries" if redesignated).**Please accept this as your authorization to:**

- (1) transfer the amount indicated above from the referenced Coverdell ESA
- (2) if applicable, make check(s) payable to "FTIOS Coverdell ESA FBO (Named Beneficiary) – TRANSFER"
- (3) send check to Fiduciary Trust International of the South ("FTIOS") as provided in Section 7 and/or
- (4) change the beneficiary of the referenced Education Savings Account to the individual designated in Section 5

**RESPONSIBLE INDIVIDUAL SIGNATURE ONLY****The responsible individual named in Section 1 must sign below.**

	Date
X	
Signature	

**SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP:**

(If required by the current custodian/trustee, not required by FTIOS)

A signature may be guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). A notary public cannot provide a signature guarantee.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:**  Me     My financial professional

Financial professional name	Phone number of financial professional
<input type="text"/>	( <input type="text"/> )

1. Special Needs Beneficiary is defined in section 1.05 of the Account Agreement.

Fiduciary Trust International of the South ("FTIOS") hereby accepts the transfer of assets as requested herein as Custodian of a Coverdell ESA for benefit of the Beneficiary corresponding to the instructions provided in Section 4. This acceptance extends only to cash and to Franklin Templeton Fund shares. Please mail the check with a copy of this request to one of the addresses listed below.

Authorized Signature—Fiduciary Trust International of the South:



x  
Craig Richards, President, CEO and Chairman of the Board

**BEFORE YOU SUBMIT...**

**DID YOU PROVIDE?**

- A typed or handwritten form in capital letters using blue or black ink.
- A Franklin Templeton case number related to your request on page 1 (if you were provided with one).

**SECTION 1**

Information for the Beneficiary on the account:

- Full first and last name
- Social Security Number/ITIN
- Date of Birth

Information for the Responsible Individual authorized to transact business on the account:

- Full first and last name
- Social Security Number/ITIN

**SECTION 2**

- Contact information for the current Custodian/Trustee

**SECTION 3**

- Account number(s) at the current institution

**SECTION 4**

- Fund name(s) and share class (if Class C selected, Broker-Dealer is required)
- Dollar amount or percentage(s) equal to 100%

**SECTION 6**

- The signature of the Responsible Individual and date signed

**MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS**

**IMPORTANT: If an original signature guarantee or notary is required you may NOT email or fax your documents.**

EMAIL	FAX	MAIL
<ul style="list-style-type: none"> <li>• Emails <b>MUST</b> include an attachment (PDF preferred) of your request.</li> <li>• Sender's email address <b>MUST</b> match the email address on file, or the email <b>MUST</b> include a related case number(s) to be accepted.</li> <li>• Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.</li> <li>• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 527-2020 to request a case number to reference in your email.</li> </ul> <p><b>Financial Professionals:</b> ftrequests.us.franklintempleton@fisglobal.com  <b>Shareholders:</b> shrequests.us.franklintempleton@fisglobal.com</p>	<p>(855) 891-8377</p>	<p>You may use any of the below mailing addresses:</p> <p><b>Regular Mail</b></p> <ul style="list-style-type: none"> <li>• Franklin Templeton P.O. Box 33033 St. Petersburg, FL 33733-8033</li> </ul> <p><b>Overnight</b></p> <ul style="list-style-type: none"> <li>• Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205</li> </ul>

**Not FDIC Insured | No Bank Guarantee | May Lose Value**