

Form Completion Instructions: Education Savings Account (ESA) Distribution Request (ESADISTR)

The **Education Savings Account (ESA) Distribution Request** (ESADISTR) allows you to request a distribution(s) from your ESA custodial accounts provided you meet a qualifying reason for the distribution.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

Please take special care in reviewing the "Points to Remember" referenced within this document. They are to assist you in properly completing the form.

1. Owner Information		
Responsible Individual's First Name (print)	Responsible Individual's Last Name (print)	ESA Master Account Number (13-digits)
Designated Beneficiary's First Name (print)	Designated Beneficiary's Last Name (print)	

Provide the following information:

- **Responsible Individual's First Name** and **Responsible Individual's Last Name.**
- **ESA Master Account Number.**
- **Designated Beneficiary's First Name** and **Designated Beneficiary's Last Name.**

2. Reason for ESA Distribution <i>Only one reason may be selected in this section.</i>	
Check one:	
<input type="checkbox"/> Qualified Education Expense	Expenses include tuition, fees, books, supplies and equipment for the enrollment or attendance of the Designated Beneficiary, as well as the purchase of computer technology or equipment if such technology equipment or services are to be used by the Designated Beneficiary and his or her family during any of the years the Designated Beneficiary is in school. Qualified elementary and secondary school education expenses include room and board, academic tutoring and special needs services in the case of a special needs beneficiary. Qualified higher education expenses include room and board if the Designated Beneficiary is at least a half-time student at an eligible education institution.
<input type="checkbox"/> Deemed Distribution	The Designated Beneficiary is not a special needs individual and became 30 years old on: _____
<input type="checkbox"/> Trustee-to-Trustee Transfer	The Responsible Individual initiated a trustee-to-trustee transfer to an ESA or 529 for the benefit of the Designated Beneficiary named above.
<input type="checkbox"/> Excess Contribution	Remove excess contribution of \$ _____, for tax year _____. Earnings will be removed if request is made prior to May 31st of the year following the excess contribution.
<input type="checkbox"/> Disability	The Designated Beneficiary is disabled.
<input type="checkbox"/> Death	The Designated Beneficiary is deceased and no successor Designated Beneficiary has been designated.
<input type="checkbox"/> Nonqualified Distribution	Distribution is not a Qualified Education Expense. A portion of the distribution may be taxable. See IRS Publication 970, Tax Benefits for Education, for help in determining the basis and earnings on the distribution.

Check only **one** distribution reason. If necessary, IRS 1099-Q tax forms generated due to the distribution will be coded according to the election made in this section, and you must meet a qualifying reason for the distribution of a ESA account.

Select one of the following reasons:

- **Qualified Education Expense:** Select if the qualified education expense meets the requirements detailed in the Coverdell ESA Disclosure Statement.
- **Deemed Distribution:** Select if the Designated Beneficiary is not a special needs individual and became 30 years old.
- **Trustee-to-Trustee Transfer:** Select if the Responsible Individual initiated a trustee-to-trustee transfer to an ESA or 529 for the benefit of the Designated Beneficiary listed on this form.
- **Excess Contribution:** Select if you are removing an excess contribution. Provide the dollar amount and the tax year of the excess contribution. Earnings will be removed if request is made prior to May 31st of the year following the excess contribution.
- **Disability:** Select if the Designated Beneficiary is disabled.
- **Death:** Select if Designated Beneficiary is deceased and no successor Designated Beneficiary has been designated.
- **Nonqualified Distribution:** Select if distribution is not a Qualified Education Expense. A portion of the distribution may be taxable. See IRS Pub. 970, Tax Benefits for Education, for help in determining the basis and earnings on the distribution.

3. Distribution Options (SG) required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s).
Parts A and B should not be completed for the same request.

A. One-Time Distribution

Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.

Select either A1 or A2 below:

A1) 100% of ALL ESA Accounts under my Master Account # _____
example: 0000123456-001

A2) Specified Dollar Amount or Percentage indicated below.

_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____

This section is to be completed for a **One-Time Distribution** from a single or multiple fund account(s). You must check **one** box for the following options:

- A1) 100% of ALL ESA Accounts: select if you are requesting a full distribution from ALL of your ESA Accounts and provide the **13-digit Master Account Number**, OR
- A2) **Specified Dollar Amount or Percentage indicated below**. Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.

Point to Remember: A specific dollar amount or percentage must be provided. Do not indicate "balance" to reach a specific total dollar amount.

3. Distribution Options (continued) (SG) required if more than \$100,000.

B. Periodic Distribution

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

Method:

Specified Dollar Amount or Percentage indicated below.

_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____
_____ % OR \$ _____	from fund account # _____

Frequency - Check one: Monthly Quarterly Semi-Annually Annually

If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).

Start Date: _____

If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

This section is to be completed to select **Periodic Distribution** from one or multiple fund account(s).

- **Method:**
 - You must check **one** box for the following options:
 - **B1) Specified Dollar Amount or Percentage indicated below**. Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.
 - **B2) Life Expectancy Option**.
 - Indicate type of life expectancy.
- **Frequency**. Check the appropriate box to indicate the frequency of the distributions. If a frequency is not indicated, the distributions will be made annually on the anniversary of the initial distribution (or the following business day).
- **Start Date**. Provide the start date for the distributions to begin. If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

4. Payment Directions

* **MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.**

Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my ESA account # _____.

Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.

Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.

Check one:

by check to address of record.* (SG) If address has been changed within 30 days.
Note: The redemption check will be made payable to the Responsible Individual FBO the Designated Beneficiary.

by check as trustee-to-trustee transfer to financial institution listed below:* (SG)

Financial Institution's Name (print) _____ Financial Institution's Telephone # _____

Financial Institution's Address (Street Address, City, State, Zip Code) _____

Financial Institution's Account Registration _____ Financial Institution's Name of Fund or Existing Account # _____

Payments by check will be sent via regular mail unless the expedited delivery option is selected.

- To deliver distribution proceeds via overnight mail, check the delivery box and provide the ESA account number. The expedited delivery fee will be deducted from the distribution.
- Note: If no account is specified, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.
- Note: If this option is selected, overnight delivery will be to the address of record unless indicated otherwise below.

Check only **one** box to indicate who the proceeds are being made payable to.

- **By check to address of record**
 - A signature guarantee is required if the address has been changed within the previous 30 days.
- **By check as trustee-to-trustee transfer to financial institution listed below**
 - Provide the financial institution's name, telephone number, complete mailing address, account registration at financial institution and name of fund or existing account at financial institution.
 - Signature guarantee is required.
- Payments by check will be sent via regular mail unless the expedited delivery option is selected.
 - Check the appropriate box to indicate how the expedited delivery fee will be covered. Either:
 - Deduct the cost of the overnight delivery from the amount of the distribution from ESA account # _____.
 - Deduct the cost of the overnight delivery directly from ESA account # _____.

5. Signature

I, the Responsible Individual for the above referenced ESA, certify that: 1) I have received and read the applicable fund prospectus(es) and agree to all their terms; 2) I understand that account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; 3) I have retained a completed copy of this Distribution Request. I understand that Foresters Investor Services, Inc. may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated, and that Foresters Investor Services, Inc. will not be held responsible for such delay. I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct Foresters Financial Services, Inc. and their affiliates to act in accordance with the distribution instructions contained herein.

(SG) denotes a signature guarantee is required.

Affix Medallion Signature Guarantee Here, If Required:
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

Responsible Individual's Name (print) _____

Original Signature of Responsible Individual _____ Date _____

- Provide name and signature of person requesting distribution.
- In addition, if a Medallion Signature Guarantee is required, it can be provided in this section.
 - A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, etc).

Point to Remember: If the signature does not match how the account is registered, further documentation may be required.

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.

Reg. Rep # _____ Office # _____ Registered Representative's Name (print) _____ Registered Representative's Signature _____ Date _____

Principal # _____ Principal's Name (print) _____ Principal's Signature _____ Date _____

In lieu of a Medallion Signature Guarantee, a Foresters Financial representative may provide a Signature Guarantee.