Coverdell Education Savings Account Distribution Form

aberdeen Investments

Fund / Account Number

Section 1 - Designated Beneficiary Information (Child)

Individual (FirstName/Initial/LastName)

/ / Date of Birth (m/d/yyyy)

- - Social Security Number

Section 2 - Responsible Individual Information (Parent/Guardian)

Individual First (Name/Initial/Last Name)

/ / Date of Birth (m/d/yyyy)

- - Social Security Number

Contact Address

Contact Phone Number

City State ZIP

Section 3 - Amount of Distribution

Please note dollars, shares or percentage

Section 4 - Distribution Reason

☐ Disability ☐ Death ☐ Other, including distribution for qualified education expenses

☐ Removal of Excess Contribution: Is the excess contribution being removed on or before the tax filing deadline (including extensions) of the year the excess was made?

☐ No ☐ Yes

Was the contribution made during the prior year?

☐ No ☐ Yes

Section 5 - Method of Payment

☐ **Mail Check via** ☐ U.S. Postal Service ☐ Overnight Courier (may require additional fee)

☐ Address of Record (Default method of payment. If no box is checked, your distribution will be mailed to you.)

☐ Other Address (A Medallion signature guarantee may be required. Consult your prospectus.)

Street Adreess City State ZIP

☐ **Mail Check via**

☐ Wire or ☐ ACH: Please attach wire or ACH instructions, if applicable. You must attach a voided check or savings deposit slip for wire/ACH deposits. A Medallion signature guarantee may be required. Consult your prospectus.

☐ **Deposit to my Non-Qualified Account**

Acct. # *A Medallion signature guarantee may be required. Please call 1-866-667-9231 for assistance. $20 wire fee.*

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Signatures and Guarantee
The Participant/Beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event

I fail to meet the minimum distribution requirements.

NOTE: A signature guarantee may be required for your distribution. A signature guarantee may be executed by a bank, a broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

Signature

Print Name

/ /
Date of Birth (m/d/yyyy)

NOTE: A Medallion signature guarantee may be required for your distribution. A Medallion signature guarantee may be executed by a bank, a broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

A medallion signature guarantee may be obtained from a commercial bank, savings and loan association, credit union, or broker-dealer. We regret a notary public is not an acceptable guarantor. Please call 1-866-667-9231 for assistance.

You must complete all sections of this form. Failure to do so will result in processing delays. If you have any questions regarding this form or its contents, please call a Shareholder Services Representative. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

Return by mail:
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P.O. Box 219534
Kansas City, MO 64121-9534

Return by express delivery:
abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307

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