



New Covenant Funds
 Attn: Shareholder Services
 P.O. Box 701
 Milwaukee, WI 53201-0701
 For assistance, please call Client Services at 877-835-4531.

COVERDELL EDUCATION
 SAVINGS ACCOUNT
 Withdrawal Authorization &
 Instructions for Distribution

1. Responsible Individual (The parent or guardian of the designated beneficiary)

First	Middle	Last Name	Social Security Number	
Street		City	State	Zip Code Telephone Number

2. Designated Beneficiary (Must be under age 18, unless a special needs beneficiary)

First	Middle	Last Name	Social Security Number	
Street		City	State	Zip Code Date of Birth

3. Distribution Method (All checks will be payable to the registered account holder.)

Partial Withdrawal / Amount _____ Dollars/Shares (*Circle one*)

Total Distribution of Account

Failure to check one of the above boxes will result in full liquidation.

Mail to my address currently on file. Transfer to my Bank via ACH

Transfer to my Bank via wire transfer (\$15 fee)

Purchase funds into my existing *non-retirement* mutual fund account:

Account Number _____

Fund Name _____

New Account: check here and attach completed application to purchase funds into a new NCF account.

Mail to the following financial institution:
 A Medallion Signature Guarantee is required.

Account Number (to be used if check is going to another financial institution.)

4. 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 beneficiary or representative of the Designated Beneficiary's estate & 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
- e. Transfer, including Transfer Incident To Divorce or legal separation (Copy of legal documents required).
 Payable to: _____
- f. This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: _____
- g. Age 30 attained by Designated Beneficiary

Signature

I certify that I am the Responsible Individual authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the custodian, New Covenant Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the custodian, New Covenant Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.

Responsible Individual's Signature _____ Date _____ Medallion Signature Guarantee - Medallion Stamp _____
 A Medallion Signature Guarantee is required if distribution is \$100,000 or more or box e. or f. is checked in Item 4. It may be executed by most banks, broker dealers, credit unions, and savings associations. The stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED."