

Contact Center: (800) 248-8447 | [www.ForgeTrust.com](http://www.ForgeTrust.com)

## 1. STUDENT INFORMATION (\*required field)

Enter the student's name, address, social security number and telephone number, and the email address of their parent or guardian. The application cannot be processed without all of this information.

## 2. RESPONSIBLE INDIVIDUAL INFORMATION (Generally the Parent or Guardian)

Usually the Parent or Guardian of the student listed in Section 1. Enter the responsible individual's name, address, social security number, telephone number and email address. The application cannot be processed without all of this information. As noted in the Custodial Agreement you may select additional options with regard to the responsible individual's rights and authorities. Additionally, if you wish to name a successor responsible individual pursuant to Article V of the Custodial Agreement, you should attach a witnessed statement signed by the responsible individual naming their successor and including all the information in Section 2.

## 3. DEPOSITOR INFORMATION

The individual depositing funds into the account. The information required here is part of the government's fight against terrorism and money laundering activities required under the US Patriot Act and other Federal regulations. These laws and regulations, require that financial institutions obtain, verify, and record certain identifying information from an individual seeking to open a new account. We are required to obtain and verify name, address, social security number and other information that will allow us to identify you. *After your application has been received, an Forge Trust Co. representative will contact you to confirm the information provided.*

## 4. ESTABLISHING THE COVERDELL EDUCATION SAVINGS ACCOUNT

Funding the account:

- If you are rolling over a distribution from a previous plan, complete and submit a *DEPOSIT INFORMATION* form.
- If you are transferring funds from a prior custodian, complete and submit a *TRANSFER AUTHORIZATION* form with the current statements.
- If you are making a contribution, complete and submit a *DEPOSIT INFORMATION* form.

## 5. DESIGNATION OF THE DEATH BENEFICIARY & MAKING AN INVESTMENT

Designation of the Death Beneficiary—Complete a *CESA BENEFICIARY DESIGNATION* form.

Making an Investment—Complete an *INVESTMENT AUTHORIZATION* form and submit it along with any required investment documents.

## 6. ACKNOWLEDGMENT & SIGNATURES

Read the acknowledgment section carefully to understand important rights, responsibilities, obligations and information about this account. Finally, complete the application by signing and dating the document. If you have named a responsible individual, that person must also agree to this acknowledgment and sign the document where indicated.

**Your application may not be processed until the Account Application, photo ID and fees are received.**

**The education savings plan you are establishing is self-directed and you are solely responsible for the success or failure of the investments.**

Not FDIC Insured

**Non-deposit investments are not insured by the FDIC (Stocks, bonds, mutual funds, notes, real estate, partnerships, LLCs, etc.) Investments are not deposits or other obligations of Forge Trust Co. and are not guaranteed by Forge Trust Co. Non-deposit investments are subject to investment risk, including possible loss of principal invested.**



**1. STUDENT INFORMATION** (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*	
Account Number	Social Security Number*	Date of Birth* (MM/DD/YYYY)	
Home Street Address (No P.O. Boxes)			
City	State/Province	Zip/Postal Code	Country
Phone* XXX-XXX-XXXX	Email (Your personal email only)		

**2. RESPONSIBLE INDIVIDUAL INFORMATION** (Generally the Parent or Guardian)

Please attach a legible copy of your current government-issued photo ID.

Type of ID (i.e. Driver's License, Passport, etc.)	ID Number	Issuing Jurisdiction	Expiration Date	Issue Date (Optional)
First Name	Middle Name	Last Name		
Account Number	Social Security Number	Date of Birth (MM/DD/YYYY)		
Street Address				
City	State/Province	Zip/Postal Code	Country	
Phone XXX-XXX-XXXX	Email			
Custodial Agreement Article V Option Selection Check this box if the responsible individual listed above shall continue to serve as the responsible individual for the account after the designated beneficiary attains the age of maturity.		Custodial Agreement VI Option Selection (select only one): The responsible individual MAY or MAY NOT change the beneficiary designation under the agreement.		

**3. DEPOSITOR INFORMATION**

Please attach a legible copy of your current government-issued photo ID.

Type of ID (i.e. Driver's License, Passport, etc.)	ID Number	Issuing Jurisdiction	Expiration Date	Issue Date (Optional)
First Name	Middle Name	Last Name		
Account Number	Social Security Number	Date of Birth (MM/DD/YYYY)		
Street Address				
City	State/Province	Zip/Postal Code	Country	
Phone XXX-XXX-XXXX	Email			

## 4. ESTABLISHING THE COVERDELL EDUCATION SAVINGS ACCOUNT

Funding the Account (Check all that apply):

I will **roll over** cash from an existing Coverdell Education Savings Account and have attached a *DEPOSIT NOTIFICATION* form

I will **transfer** assets from another Coverdell Education Savings Account and have attached a completed *TRANSFER AUTHORIZATION* form

I have attached a **contribution** check and have attached a *DEPOSIT NOTIFICATION* form

Required Account Maintenance Fees—Please refer to the *FEE SCHEDULE* for amounts. You must include a check for fees payable to Forge Trust Co. for the first year annual account fee.

## 5. DESIGNATION OF THE DEATH BENEFICIARY & MAKING AN INVESTMENT

To name a beneficiary to receive the balance of this Account upon the death of the designated beneficiary, complete and attach a *CESA BENEFICIARY DESIGNATION* form. When you are ready to make an investment, complete and send an *INVESTMENT AUTHORIZATION* form and any documents required by the investment provider.

## 6. ACKNOWLEDGMENT & SIGNATURES

### Not FDIC Insured

Non-deposit investments are not insured by the FDIC (Stocks, bonds, mutual funds, notes, real estate, partnerships, LLCs, etc.)

Investments are not deposits or other obligations of Forge Trust Co. and are not guaranteed by Forge Trust Co.

Non-deposit investments are subject to investment risk, including possible loss of principal invested.

I hereby acknowledge the following:

- That this Coverdell Education Savings Account is self-directed and that the responsible individual and I (We) are solely responsible for the success or failure of the investments.
- That Forge Trust Co. is the designated custodian of the account to whom we give our consent for the following: (a) have my telephone conversations recorded, (b) accept e-mail as a form of written communication, and (c) accept faxed investment authorizations.
- That We have read and understand the Coverdell Education Savings Account Custodial Agreement, Fee Schedule and Forge Trust Co.'s Privacy Notice.
- The investments are: (a) not insured by the FDIC or any other deposit guaranteed fund; (b) not guaranteed by Forge Trust Co., its subsidiaries, and/or agents; and (c) are subject to investment risk, including the possible loss of the principal invested.
- The account is subject to an Arbitration provision that appears in the Account Agreement.
- We hold harmless, protect and indemnify the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges, including but not limited to attorney's fees and expenses of litigation, which the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment directions or those received from the designated Responsible Individual.
- By signing this Application We hereby (a) adopt and establish the Coverdell Education Savings Account with Forge Trust Co., or its successors, as Custodian, (b) understand that the Coverdell Education Savings Custodial Account Agreement and this Application comprise the entire contractual agreement with Forge Trust Co., (c) confirm that We have received, read and agree to the terms and conditions contained in the Custodial Account Agreement and the disclosure information in IRS Publication 970.
- If this Application is to transfer to Forge Trust Co. the assets of an existing Coverdell Education Savings Account, We understand that the appointment of Forge Trust Co. as successor Custodian will be effective upon receipt of all the Plan assets. Further, We understand that Forge Trust Co., Custodian expressly does not assume or incur any liability by reason of or have a duty or responsibility to inquire into or take action with respect to any acts performed or omitted to be performed by the current Custodian/Trustee. We understand that this transfer may take six weeks or longer.
- That I am qualified to make contributions to the account within the limits set by the tax laws and that the Responsible Individual, is qualified to assume all required duties.
- I confirm that assets to be transferred into its custodial account do not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts. Custodial account holder further confirms that the custodial account will not hold or engage in transactions involving illegal holdings while Forge Trust Co. serves as custodian, and should the custodial account ever come to hold an illegal or impermissible investment under South Dakota or federal law, custodial account holder will notify Forge Trust Co. immediately.

**I/We declare under penalty of perjury that the foregoing is true and correct, including my, the beneficiary's and responsible party's social security numbers.**

Depositor Signature

X

Date (MM/DD/YYYY)

Responsible Individual Signature\*

X

Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

No email or fax is allowed for this application. Please complete, sign and mail this application with a copy of your photo ID to our office attention to New Accounts. Please remember to attach necessary documents stated in Section 4.

### Regular mail

Forge Trust Co.  
PO Box 7080  
San Carlos, CA 94070-7080

### Overnight mail

Forge Trust Co.  
1160 Industrial Road, Suite 1  
San Carlos, CA 94070-4128



This form is to be completed to designate beneficiaries for a Coverdell Education Savings Account. If this is a change to a prior designation, all prior beneficiary designations will be replaced with this designation. This designation will become effective upon the custodian's receipt and acceptance of this form.

## 1. PERSONAL INFORMATION (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number	Social Security Number*	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. BENEFICIARY AUTHORIZATION

I authorize Forge Trust Co., to replace all prior Death Beneficiary designations on this account with the designation indicated below.

I understand that:

- If the Death Beneficiary is a member of the Designated Beneficiary's family and is under the age of 30 at the time of the Designated Beneficiary's death, he or she will automatically become the new Designated Beneficiary on such date.
- If the Death Beneficiary is NOT a member of the Designated Beneficiary's family, or is a family member over 30 years of age, the proceeds of this account must be distributed to the Death Beneficiary within thirty (30) days of the Designated Beneficiary's date of death. If the distribution is not made within the required thirty (30) days, it will be treated, for tax purposes with the IRS, as if distributed on the last day of that period.

## 3. DEATH BENEFICIARY

Beneficiary Name			Relationship
Beneficiary Address			Check this box if the name death beneficiary is a family member
Beneficiary City	State/Province	Zip/Postal Code	Beneficiary Phone XXX-XXX-XXXX
Beneficiary Social Security Number		Beneficiary Date of Birth (MM/DD/YYYY)	

## 4. SIGNATURE (Account owner or authorized individual must sign and date.)

Responsible Party Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

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PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
Forge Trust Co.  
1160 Industrial Road, Suite 1  
San Carlos, CA 94070-4128