

# Coverdell Education Savings Account Designation of Death Beneficiary



Complete this form to designate a Death Beneficiary in the event the Designated Beneficiary dies. The designation applies to existing and future accounts established under this Coverdell Education Savings Account (CESA).

- If the Death Beneficiary is a member of the Designated Beneficiary's family and is over age 30, proceeds of the account must be distributed within 30 days of the date of death.
- If the Death Beneficiary is not a member of the Designated Beneficiary's family, the proceeds of the account must be distributed within 30 days of the date of death. If the distribution is not made within the required 30 days, it will be treated, for IRS purposes, as distributed on the last day of that period.

Please print clearly in CAPITAL letters using black ink.

## 1 Provide Information About the Designated Beneficiary

\_\_\_\_\_ Designated Beneficiary's U.S. Social Security number

U.S. citizen       U.S. permanent resident

\_\_\_\_\_ Mr. / Mrs. / Ms. Designated Beneficiary's first name Middle initial

\_\_\_\_\_ Designated Beneficiary's last name

## 2 Designate a Primary Death Beneficiary

Please attach a separate sheet of paper to list the names of additional beneficiaries, if needed.

Benefits will only be paid to Death Beneficiaries who are living at the time of the Designated Beneficiary's death. If you do not indicate percentages, or the percentages do not total 100%, American Century Investments® will pay benefits in equal shares. If any of the Primary Death Beneficiaries are not living at the time of the Designated Beneficiary's death, we will divide the benefits proportionately among the remaining surviving Primary Death Beneficiaries. **Please complete all information requested.**

In the event of the Designated Beneficiary's death, pay the balance of the CESA to:

\_\_\_\_\_ Primary Death Beneficiary's name

\_\_\_\_\_ Relationship to Designated Beneficiary \_\_\_\_\_ % Percentage

\_\_\_\_\_ U.S. Social Security number \_\_\_\_\_ Date of birth

U.S. citizen       U.S. permanent resident

\_\_\_\_\_ Street address \_\_\_\_\_ Apt./Unit/PMB

\_\_\_\_\_ City \_\_\_\_\_ State ZIP

\_\_\_\_\_ Telephone number (daytime) \_\_\_\_\_ Telephone number (evening)

**Step 2 continued on Page 2**

## Designate a Primary Death Beneficiary (continued)

Primary Death Beneficiary's name

Relationship to Designated Beneficiary

\_\_\_\_\_%  
Percentage

U.S. Social Security number

\_\_\_\_\_  
Date of birth

U.S. citizen

U.S. permanent resident

Street address

Apt./Unit/PMB

City

State ZIP

Telephone number (daytime)

Telephone number (evening)

## 3 Designate a Secondary Death Beneficiary

American Century Investments will pay benefits only to those Secondary Death Beneficiaries who are living at the time of the Designated Beneficiary's death. If you do not indicate percentages, or the percentages do not total 100%, American Century Investments will pay benefits in equal shares. If any of the Secondary Death Beneficiaries are not living at the time of the Designated Beneficiary's death, we will divide the benefits proportionately among the remaining Secondary Death Beneficiaries. **Please complete all information requested.**

If none of the Primary Death Beneficiaries are living at the time of the Designated Beneficiary's death, pay the balance of the CESA to:

Secondary Death Beneficiary's name

Relationship to Designated Beneficiary

\_\_\_\_\_%  
Percentage

U.S. Social Security number

\_\_\_\_\_  
Date of birth

U.S. citizen

U.S. permanent resident

Street address

Apt./Unit/PMB

City

State ZIP

Telephone number (daytime)

Telephone number (evening)

**Step 3 continued on Page 3**

## Designate a Secondary Death Beneficiary (continued)

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\_\_\_\_\_

Secondary Death Beneficiary's name

\_\_\_\_\_

Relationship to Designated Beneficiary

\_\_\_\_\_%

Percentage

\_\_\_\_-\_\_\_\_-\_\_\_\_

U.S. Social Security number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of birth

U.S. citizen

U.S. permanent resident

\_\_\_\_\_

Street address

Apt./Unit/PMB

\_\_\_\_\_

City

State ZIP

\_\_\_\_-\_\_\_\_-\_\_\_\_

Telephone number (daytime)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Telephone number (evening)

## 4 Signature

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- If the Designated Beneficiary has not attained the age of majority, the Responsible Individual must sign.
- If the Designated Beneficiary has attained the age of majority and the Responsible Individual has been removed, the Designated Beneficiary must sign.

I hereby revoke every previous designation of Death Beneficiary for this CESA. I understand that I may change the Death Beneficiary at any time, and that the change is effective when received in writing and accepted by American Century Services, LLC.

\_\_\_\_\_

Signature

\_\_\_\_-\_\_\_\_-\_\_\_\_

Date

American Century Investment Services, Inc., Distributor

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**American Century Investments**

P.O. Box 419200  
Kansas City, MO 64141-6200

Investor Relations:  
1-800-345-2021

[americancentury.com](http://americancentury.com)