



# Coverdell Education Savings Account Application

**Mailing Address:**  
137 Broad Street  
Asheville, NC 28801

**Phone:**  
1-866-7500-IRA(472)  
828-257-4949

**Fax :**  
828-257-4948

**Website:**  
[www.americanira.com](http://www.americanira.com)

## ACCOUNT INFORMATION (All information in this section is "Required" to open your account)

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### Beneficiary's Legal Name

**Physical Address**

City State Zip Country  
 Email Address Social Security No. Date of Birth  
 US Citizen Yes No  
 Cell Phone Home Phone Business Phone

### Depositor's Legal Name

**Physical Address**

City State Zip Country  
 Email Address Social Security No. Date of Birth  
 US Citizen Yes No  
 Cell Phone Home Phone Business Phone

### Responsible Individual's Legal Name

Parent Guardian US Citizen Yes No

**Physical Address**

City State Zip Country  
 Social Security No. Date of Birth  
 Cell Phone Home Phone Business Phone

### PLEASE ANSWER THE FOLLOWING QUESTIONS

Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No".

No	Yes	The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian' procedures.
No	Yes	The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible becomes incapacitated or dies after the Designated Beneficiary reaches the ages of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

**SUCCESSOR EDUCATION SAVING ACCOUNT RESPONSIBLE INDIVIDUAL**

**2** In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, I designate the following individual as the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

**Successor Responsible Individual's Legal Name**

**Physical Address**

**City State Zip Country**

**Social Security No. Relationship to Designated Beneficiary**

**Cell Phone Home Phone Business Phone**

**EDUCATION SAVINGS ACCOUNT DEATH BENEFICIARY**

**3** I designate the individual named below as the primary death beneficiary of 100 percent of this Education Savings Account. NOTE: To name more than one primary death beneficiary or to name contingent death beneficiary(ies), a separate Designation of Beneficiary form must be used.

**Death Beneficiary's Legal Name**

**Physical Address**

**City State Zip Country**

**Social Security No. Relationship to Designated Beneficiary**

**Cell Phone Home Phone Business Phone**

**FUND YOUR ACCOUNT (Fill in all that apply)**

**4** **ONE-TIME CONTRIBUTION (Required Minimum \$500** Contribution for Tax Year Ending  
 Payment Method  
 Check Enclosed

**Contribution Amount**

**ADDITIONAL FUNDING METHODS (Check all that apply)**

**Transfer (from an existing CESA account) \$ Total Funding Amount \$**  
**Rollover (direct rollover from an existing CESA account) \$**

**AUTOMATIC ONGOING CONTRIBUTIONS-SIGN UP FOR FREE!**

I hereby authorize American IRA, LLC to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution.

**Bank Name Bank City/State Bank Phone**  
**Name on Account Frequency of Debit Semi-monthly Monthly Quarterly**  
**Amount of Debit Date of Debit Type of Account Checking Savings**  
**Routing Number (ABA) Account Number**

**FEES (Please refer to the [Fee Schedule](#) located on our website [www.americanira.com](http://www.americanira.com))**

**NEW ACCOUNT FEE OPTIONS (select one)**

**How would you like to pay your first years maintenance fees?**  
 Check Enclosed Credit/Debit Card (Section 7 must be completed) Deduct from Transfer

I acknowledge that American IRA, LLC will calculate and charge the first year annual fee according to the Annual all Inclusive Fee Schedule. See the [Fee Schedule](#) located on our website [www.americanira.com](http://www.americanira.com) for the appropriate maintenance fee.

**ANNUAL MAINTENANCE/ACCOUNT RELATED FEE OPTIONS (select one)**

**Annual maintenance/account related fees can be paid by the following options:**  
 Credit/Debit Card (Section 7 must be completed)-Please charge my annual maintenance/account related fees to the credit card on file.  
 Debit IRA Account-Please deduct my annual maintenance/account related fees from my IRA Cash Account\*  
 \*If funds are unavailable in the account then the credit/debit card on file for the account will be charged.

**CREDIT CARD INFORMATION (Required)**

**6** **Required Information—A credit card is required with every account.** Amex Discover MC VISA

**NAME ON CARD BILLING ADDRESS**  
**CITY STATE ZIP CODE**  
**CARD NUMBER EXP DATE**  
**SECURITY CODE SIGNATURE:**

**If an invoice on your account is unpaid for 20 days and funds are unavailable in the account, the credit/debit card on file for the account will be charged.**

**IMPORTANT: Please read before signing.**

**7**

The signature of the Responsible Individual should be obtained if someone other than the Depositor will be the Responsible Individual.

I understand the eligibility requirements for the type of Education Savings Account deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-EA Plan Agreement and the Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

1. Determining that I am eligible to contribute to an Education Savings Account each year I make a contribution
2. Ensuring that all contributions I make are within the limits set forth by the tax laws
3. Certify that I am qualified to assume the responsibilities of the Responsible Individual as set forth in the Plan Agreement, if I am designated on this Application as the Responsible Individual
4. Managing and administering the account and authorizing transactions involving contributions (including rollover contributions) and distributions, if I am designated on this Application as the Responsible Individual.

**SIGN HERE** (Signature must be present on all original, copies, faxes, and/or e-mails. A delay in processing may occur if signature is not present or is illegible)

Education Savings Account Depositor	Date
Education Savings Account Responsible Individual	Date
Authorized Signature Of Custodian	Date