



GRANTOR'S INFORMATION (Person Who Initially Sets Up the Coverdell ESA)

Grantor's Name (First, Initial, Last)

Street Address

Apt#

Social Security Number

Mailing Address if Different from Street Address

City, State, ZIP

DESIGNATED BENEFICIARY'S INFORMATION (Child for Whom the Coverdell ESA is being Established)

2 9 2 8 3

CUID (Credit Union will Complete)

Account Number

Street Address

Apt#

Designated Beneficiary's Name (First, Initial, Last)

Mailing Address if Different from Street Address

Social Security Number

Designated Beneficiary's Birth Date (MM/DD/YYYY) (required for processing)

City, State, ZIP

Check here if address is the same as the Grantor's. If different, please provide to the right.

RESPONSIBLE INDIVIDUAL'S INFORMATION (Parent or Legal Guardian of Designated Beneficiary)

Name of Responsible Individual (First, Initial, Last) (must be parent or legal guardian of Designated Beneficiary)

Street Address

Apt#

Mailing Address if Different from Street Address

Check here if address is the same as the Designated Beneficiary's. If different, please provide to the right.

City, State, ZIP

(see reverse side for complete instructions)

NOTE: The Responsible Individual may name a Death Beneficiary. To name a Death Beneficiary, please complete a Coverdell ESA Death Beneficiary Designation/Change form.

I instruct the credit union to invest this ESA in the following investment:

ELECTION OF RESPONSIBLE INDIVIDUAL

(Please check one of the two boxes. If neither box is checked, the account will be administered as if the second box had been checked.)

- 1. The Responsible Individual shall continue to serve as the Responsible Individual for the Trust after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Trust and the Trust terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary shall become the Responsible Individual.
2. When the Designated Beneficiary attains the age of majority under state law, the Designated Beneficiary becomes the Responsible Individual.

GRANTOR'S SIGNATURE

I am establishing a Coverdell Education Savings Account (ESA) under Internal Revenue Code section 530 for the benefit of the Designated Beneficiary whose name appears above exclusively to pay for the qualified education expenses, within the meaning of section 530(b)(2), of such Designated Beneficiary. I acknowledge receipt of the "Credit Union Coverdell ESA Disclosure Statement." I also accept the terms and conditions of the "Credit Union Coverdell ESA Trust Agreement."

X Grantor's Signature Date (MM/DD/YYYY)

ACCEPTANCE OF TRUSTEE (for credit union use only):

The credit union hereby establishes a Coverdell ESA for the above Designated Beneficiary under the terms of the Credit Union "Coverdell ESA Trust Agreement."

Baptist Hospital Credit Union

X Authorized Credit Union Signature

2010 Church Street Suite 204

Nashville, TN 37203

Date (MM/DD/YYYY)

Credit Union Mailing Address (include street address, city, state, and ZIP)