

COVERDELL INFORMATION

 **New Direction**
TRUST COMPANY
1070 W. Century Drive
Louisville, CO 80027
P: 877-742-1270 | F: 303-665-5962

1. WHO IS FUNDING THE ACCOUNT?

Legal Name: (First, Middle, Last, Suffix)		Social Security Number	
Date of Birth: (MM/DD/YYYY)		Mobile Phone Number	
Legal Address:	Legal Address City:	Legal Address State:	Legal Address ZIP:

2. WHO IS THE ACCOUNT FOR? (DESIGNATED BENEFICIARY INFORMATION)

Legal Name: (First, Middle, Last, Suffix)		Social Security Number	
Date of Birth: (MM/DD/YYYY)		Mobile Phone Number	
Legal Address:	Legal Address City:	Legal Address State:	Legal Address ZIP:

3. WHO IS SETTING UP THE ACCOUNT? (RESPONSIBLE INDIVIDUAL INFORMATION)

Legal Name: (First, Middle, Last, Suffix)		Social Security Number	
Date of Birth: (MM/DD/YYYY)		Mobile Phone Number	
Legal Address:	Legal Address City:	Legal Address State:	Legal Address ZIP:
Driver's License Number	Driver's License State	Driver's License Issue Date	Driver's License Expiration Date
Email Address		Relationship to Designated Beneficiary	

If your relationship to the designated beneficiary is parent or legal guardian and the designated beneficiary is a minor, please send a copy of the birth certificate or court documents designating guardianship.

The Responsible Individual shall shall not continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement.

The Responsible Individual may may not change the beneficiary designated under this Custodial Agreement pursuant to section 6.01 of the Custodial Agreement.

Note: The Responsible Individual may be the Depositor, but generally must be a parent or legal guardian of the Designated Beneficiary.

4. SIGNATURE

Account Holder Signature:	Date:
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