

**COVERDELL ESA
DISTRIBUTION
REQUEST FORM**



Use this **Coverdell ESA Distribution Request Form** to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

PART I: DESIGNATED BENEFICIARY INFORMATION (Generally the Student) (*DENOTES REQUIRED INFORMATION)

Minor's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
Minor's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____
Daytime Phone* _____ ESA Account/Plan Number* _____

PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)

Responsible Individual's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
Responsible Individual's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____
Daytime Phone* _____ Evening Phone _____

PART III: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

- Qualified Education Expenses of the Designated Beneficiary
- Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)
- Death -Death Beneficiary's Name: _____ Taxpayer ID Number: _____
-Residence Address: _____
-Primary Phone: _____

PART III: REASON FOR DISTRIBUTION-CONTINUED

Return of Excess Contribution Plus Earnings

In what year was the contribution made?: Current Year Prior Year

Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART IV: DISTRIBUTION INSTRUCTIONS

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

I wish to set up systematic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

***Note:** Systematic withdrawals, once initiated, will continue indefinitely until canceled.

FUND CHOICE:

**CLASS
A SHARES**

**TRUST
SHARES**

<input type="checkbox"/> Dividend Capture Fund	_____	_____
<input type="checkbox"/> Global Select Markets Fund	_____	_____
<input type="checkbox"/> Growth Fund	_____	_____
<input type="checkbox"/> Income Equity Fund	_____	_____
<input type="checkbox"/> World Income Fund	_____	_____
<input type="checkbox"/> International Equity Fund	_____	_____
<input type="checkbox"/> Disciplined Equity Fund	_____	_____
<input type="checkbox"/> Macro 100 Fund	_____	_____
<input type="checkbox"/> Mid Corp America Fund	_____	_____
<input type="checkbox"/> Real Strategies Fund	_____	_____
<input type="checkbox"/> Rotating Markets Fund	_____	_____
<input type="checkbox"/> Situs Fund	_____	_____
<input type="checkbox"/> Technical Opportunities Fund	_____	_____
<input type="checkbox"/> Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Intermediate Government Income Fund	_____	_____
<input type="checkbox"/> Mortgage Securities Fund	_____	_____
<input type="checkbox"/> Ohio Tax-Free Fund	_____	_____
<input type="checkbox"/> Short/Intermediate Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Tax-Free Money Market Fund	_____	_____
<input type="checkbox"/> Money Market Fund	_____	_____
<input type="checkbox"/> Ohio Municipal Money Market Fund	_____	_____
<input type="checkbox"/> U.S. Treasury Money Market Fund	_____	_____

PART IV: DISTRIBUTION INSTRUCTIONS-CONTINUED

FUND CHOICE:	CLASS A SHARES	TRUST SHARES
<input type="checkbox"/> Growth Allocation Fund	_____	___ N/A ___
<input type="checkbox"/> Conservative Allocation Fund	_____	___ N/A ___
<input type="checkbox"/> Balanced Allocation Fund	_____	___ N/A ___
TOTAL WITHDRAWAL:	\$ _____	\$ _____

PART V: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

By Mail

- Mail check(s) to the address of record
- Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to: _____

- Mail check to an address other than the one on the account (Provide address below)**

 Street Address (Physical Address)* Apartment # City* State* Zip Code*

Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

- ACH instructions already established for my IRA **OR** Bank Account Information below **

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

- Bank instructions already established for my IRA **OR** Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Attach a voided check for your bank account.

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____ 1003
PAY TO THE ORDER OF _____	\$ _____ DOLLARS
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples. </div>	
BANK NAME BANK ADDRESS	
MEMO _____	

PART V: PAYMENT INSTRUCTIONS-CONTINUED

Enter your checking or savings account information:

Name: _____

Name of Bank: _____

Bank's Phone Number: _____

Bank Address: _____

ABA Routing Number: _____

City: _____

State: _____

Zip Code: _____

Name(s) on Bank Account: _____

Bank Account Number: _____

*** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *Coverdell ESA Distribution Request Form*, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibilities for any consequences that may arise as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Responsible Individual's Signature: X _____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Huntington Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery

Huntington Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208