

CROMWELL FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (CESA) DESIGNATED DEATH BENEFICIARY ADD/CHANGE FORM

Complete this form to add/change a "family member" as a Designated Death Beneficiary to receive the assets in the CESA in the event of the death of the Designated Beneficiary. Note the Designated Death Beneficiary must be another member of the original Designated Beneficiary's family, as described in and subject to Code Section 529(e)(2). (Family members include the original Designated Beneficiary's spouse, child, grandchild, sibling, parent, niece, nephew, son-in-law, daughter-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law, first cousin and the spouse of any of the foregoing except first cousins. The Designated Death Beneficiary must be under the age of 30 at the time of designation unless they are a "special needs" beneficiary.)

ACCOUNT INFORMATION

Name:	Daytime Telephone: ()		
Address:			
City:	State:	Zip Code:	
Social Security Number:	Date of Birth:		
Account Number:			

DEATH BENEFICIARY DESIGNATION

I hereby revoke any previous Designated Death Beneficiary designations.

At any time after the opening of the CESA, the Responsible Individual shall be entitled to designate the Designated Death Beneficiary of the CESA on a form acceptable to the Custodian; provided, however, only Family Members of the original Designated Beneficiary who are under 30 years of age at the time of designation may be a Designated Death Beneficiary. Special Rules apply to a "special needs" beneficiary.

In the event of the Designated Beneficiary's death:

- (a) If a Designated Death Beneficiary is under 30 years of age at the time of such death, such individual becomes the Designated Beneficiary, and the Custodial Account shall become a CESA for such individual;
- (b) If no Designated Death Beneficiary designation is in effect at the time of such death or if no Designated Death Beneficiary under 30 survives the Designated Beneficiary, the balance of the CESA will be paid to the estate of the Designated Beneficiary. Special rules apply if a Designated Death Beneficiary is a "special needs" beneficiary.

Name:	Social Security Number:	
Date of Birth:	Relationship*:	
Address:		
Daytime Telephone: ()		
City:	State:	Zip Code:

* Relationship to the Designated Beneficiary.

☐ The individual named above is a "special needs" Designated Death Beneficiary as defined in Code Section 529(e)(3)(A)(iii). You attest that you have consulted with a qualified tax professional, and the individual is a "special needs" Designated Death Beneficiary, and Cromwell Funds and the Custodian may rely on this information without need for further inquiry or investigation. You must check this box for the designation to be valid if the Designated Death Beneficiary is currently age 30 or over. If you do not check this box, and the named individual reaches age 30, the designation will be invalidated at that time.

RESPONSIBLE INDIVIDUAL'S SIGNATURE

I, the Responsible Individual, have named the above Designated Death Beneficiary, and the information I furnished in connection with that designation, including in particular but without limitation the Social Security Number, the date of birth, special needs status, and the relationship of the individual to the original Designated Beneficiary, is true, correct, and complete. I agree to be bound by the terms and conditions as shown above.

Responsible Individual's Signature:	Date:
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Mail to the following:
First Class Mail:
Cromwell Funds
P.O. Box 534498
Pittsburgh, PA 15253-4498

Overnight Mail:
Cromwell Funds
ATTENTION: 534498
500 Ross Street 154-0520
Pittsburgh, PA 15262

Customer Service:
1-855-625-7333