

## Regular mail:

Impax Funds P.O. Box 534463 Pittsburgh, PA 15253-4463 Overnight mail:

Impax Funds Attention: 534463 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Telephone: 1 (800) 372 7827

## **Coverdell Education Savings Account**

Change of Death Beneficiary

Use this form to update the Death Beneficiary designation for the indicated Coverdell Education Savings Account (ESA). The Death Beneficiary is a contingent beneficiary to the Designated Beneficiary of the account. Please refer to the Coverdell Education Savings Account Agreement for further information on death beneficiary options.

Do not use this form to update the Responsible Individual or Designated Beneficiary of the Coverdell ESA account.

Fields noted with an asterisk (*) are required.						
1. Current Account Information						
Responsible Individual (Parent/Guardian	of Designated Be	eneficiary)				
Name			Social Security/Tax ID No.*			
Mailing Address		City	State		Zip Code	
Day Telephone Evening Teleph		none	Cell Tele	Cell Telephone		
Email Address						
Check here if contact information abo	ove is new. The ne	ew information will replace	e the infor	mation currently o	on file.	
Designated Beneficiary of Coverdell ESA						
Name			Social Security/Tax ID No.*			
			_			
2. Death Beneficiary Designation						
The previous Death Beneficiary designation	n will be replace	d with the designation be	low.			
The Death Beneficiary may be changed at	any time by givi	ng written notice to the C	ustodian.			
If the named Death Beneficiary is an eligible account can be rolled over to a Coverdell I eligible to rollover this account upon the count up	ESA account for	the named Death Benefic	iary. If the	named Death Ber	neficiary is not	
I, the Responsible Individual, designate the the event of the death of the Designated E	_	eive any benefits to which	the Deatl	h Beneficiary may	be entitled in	
Name of Beneficiary*			Social Security/Tax ID No.*			
Mailing Address*		City*	State*		Zip Code*	
Birthdate (mm/dd/yyyy)*  Relationship*			1			
3. Responsible Individual's Author	rization					
Signature of Responsible Individual				Date		