



Coverdell Education Savings Account Transfer of Assets Form



Use this form if you are transferring Education Savings Account ("ESA") assets from another custodian into a NEW or EXISTING AARP ESA. A completed Coverdell Education Savings Account Application is required to establish a new AARP ESA.

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035

Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021

Phone: 1-800-958-6457

1. Investor Information

(Please print, preferably in capital letters and black ink.)

A. Responsible Person (A person of legal age who establishes and controls the account. Only one person should be listed.)

Full Name (first, middle, last) Mother Father Guardian (If guardian, submit proof of guardianship)

Social Security number / Tax Identification number Birthdate (mm/dd/yyyy)

Daytime telephone number Alternate telephone number Email address

Street address (Street address required to open an account. To add an alternate mailing address such as a P.O. Box, see below.)

City State Zip

Mailing address - P.O. Box is acceptable Same as above

B. Student Information (Beneficiary- An eligible person for whose benefit the account is established.)

Student's Full Name (first, middle, last)

Social Security number / Tax Identification number Birthdate (mm/dd/yyyy)

Daytime telephone number Alternate telephone number Email address

Street address (Street address required to open an account. To add an alternate mailing address such as a P.O. Box, see below.)

City State Zip

Mailing address - P.O. Box is acceptable Same as above

5. Signature of Investor (Required)

I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus and ESA Disclosure Statement and Custodial Agreement which I have been advised to read carefully before investing.

I understand that the requirements for a valid transfer between ESAs are complex and that I have the responsibility for complying with all requirements and for the tax results of any such transfer.

X

Signature of Student

Date

If Student is a minor under the laws of Student's state of residence, a parent or guardian must also sign the Agreement here. Until the Student reaches the age of majority, the parent or guardian will exercise the powers and duties of the Student.

X

Signature of Parent or Guardian

Date

6. Acceptance by New Custodian (Completed by State Street Bank and Trust Company)

State Street Bank and Trust Company agrees to accept transfer of the above amount for deposit to the Student's AARP Coverdell Education Savings Account, and requests the liquidation and transfer of assets as indicated above.

X

By

Date

Signature Guarantee Check with your institution to see if they require a signature guarantee.

Affix Guarantee Here*

**The signature(s) usually must be guaranteed by an eligible bank, broker, dealer, credit union, national securities exchange registered securities association, clearing agency, or savings association. Notarization by a Notary Public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above. Check with your institution to confirm their specific requirements.*

IMPORTANT NOTICE—THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.



RETAIN A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

