

Coverdell Education Savings Account Request for Transfer Form



Complete this form to transfer a Coverdell Education Savings Account from another financial institution. Federated Shareholder Services Company will send a letter of acceptance to the requesting financial institution to complete the transfer.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Investor Information

<input type="text"/> Minor Full Legal Name (First, MI, Last, Suffix)		<input type="text"/> Social Security or Tax ID Number	<input type="text"/> Date of Birth
<input type="text"/> Responsible Individual Full Legal Name (First, MI, Last, Suffix)		<input type="text"/> Social Security or Tax ID Number	<input type="text"/> Date of Birth
<input type="text"/> Daytime Phone Number	<input type="text"/> Evening Phone Number	<input type="text"/> Email Address	
<input type="text"/> Contributor Name (if different from Responsible Individual)		<input type="text"/> Social Security or Tax ID Number	

2. Information Regarding the Coverdell Education Savings Account Being Transferred

Note: Attach a statement for the account you are transferring.

<input type="text"/> Name on Account		<input type="text"/> Full Account Number	
<input type="text"/> Firm Currently Holding the Account			
<input type="text"/> Firm Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Name of Contact		<input type="text"/> Contact Phone Number	

3. Transfer Instructions

Check One:

- This is a new account; a completed Coverdell Education Savings Account New Account Application is attached. Allocate my assets as listed below.
- The assets of this transfer will purchase shares into my existing Coverdell Education Savings Account as listed below.

Transfer/Rollover Allocation

Please indicate the fund name and share class **or** fund number, and full account number (if known), into which assets will be transferred. Class A Shares will be purchased if no share class or fund number is indicated.

Fund Name and Share Class <u>or</u> Fund Number	Full Account Number	Amount (\$ or %)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>

4. Transfer Instructions to the Financial Institution Currently Holding the Coverdell Education Savings Account

Check One:

- Transfer entire balance
- Transfer only \$

Check One:

- Liquidate immediately
- Liquidate at maturity Date

Note: If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

5. Responsible Individual Signature Authorization

To the financial institution currently holding my account:

I have appointed UMB Bank n.a. as the Custodian of the Federated Hermes Coverdell Education Savings Account on which I am the Responsible Individual. I authorize you to transfer this Coverdell Education Savings Account to UMB Bank n.a. Please send any documents or records needed by the new Custodian to complete the transfer.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Responsible Individual Signature	Date

6. Custodian Acceptance — To be Completed by UMB Bank n.a.

UMB Bank n.a. accepts appointment as Custodian and the transfer described in this form. Please transfer all or part of the designated account(s) as instructed. Make check payable to **The Federated Hermes Funds** and mail to one of the addresses below. Third party checks are not acceptable.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Custodian Signature	Date
<input style="width: 95%;" type="text"/>	
Title	

7. Mailing Instructions

Please mail this form and any additional documents to **The Federated Hermes Funds**:

- | | |
|----------------------------|--|
| Regular Mail: | Overnight Delivery: |
| P.O. Box 219318 | 430 W 7 th Street, Suite 219318 |
| Kansas City, MO 64121-9318 | Kansas City, MO 64105-1407 |