

Coverdell ESA Beneficiary Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Use this form when adding or changing a beneficiary on a Coverdell Education Savings Account.

- Only one primary beneficiary and one secondary beneficiary will be accepted.
- Print in capital letters using black ink.
- Questions? Call 800-525-3713.

In a Hurry?
 visit janushenderson.com
 or fax form to 877-319-3852

1. Tell us about your Janus Henderson Coverdell Education Savings Account.

_____ Student's Name		_____ Student's Social Security Number (required)
_____ Account Number		_____ Name of Responsible Individual
_____ Phone Number		_____ Additional Phone Number (optional)

2. Please add/change the primary beneficiary to:

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Social Security Number	_____ Date of Birth	_____ Relationship to Student
<input type="checkbox"/> Check here if beneficiary is a minor and appoint a custodian.		
_____ Custodian's Full Name		

3. Please add/change the secondary beneficiary to:

(The secondary beneficiary receives account proceeds only if the primary beneficiary dies before the student.)

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Social Security Number	_____ Date of Birth	_____ Relationship to Student
<input type="checkbox"/> Check here if beneficiary is a minor and appoint a custodian.		
_____ Custodian's Full Name		

4. Please read and sign below.

For the account listed, I designate the individual(s) listed as beneficiary(ies). I revoke all prior beneficiary designations, if any, made by me for these assets. I understand that I may change beneficiaries at any time by written notice. If the student is not survived by any beneficiary, the beneficiary will be the student's estate.

X

Signature of Responsible Individual Date

X

Signature of Student (The student should sign only if the student controls the account; otherwise the Responsible Individual should sign.) Date