

Coverdell ESA Transfer Form

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

Use this form to transfer your Coverdell Education Savings Account (ESA) from another institution directly to a Coverdell ESA at Janus Henderson.

- If you are opening a new account with this transfer, please enclose a Janus Henderson Coverdell ESA Application.
- Print in capital letters using black ink.

Questions?Call us at **800-525-1093**

Step 1 - Please provide the following information

Student's Name		
Student's Social Security Numbe	 r	
Student's Date of Birth		
Responsible Individual's Name		
Responsible Individual's Social S	ecurity Number	
Address		
City	State	Zip Code
Phone Number	Additional Phone Number (optio	 onal)

Remember to sign on the last page

tep 2 - How would you like y	our transferred assets invested at Janus He	nderson? (check one)
Option A		
☐ Open a new account, and depo	osit the proceeds as indicated on the enclosed Coverdell	ESA Application.
Option B		
☐ Deposit the proceeds into my €	existing Janus Henderson Coverdell ESA as indicated bel	OW.
Fund Name or Number	Existing Janus Hendserson Account Number	% or \$ Amount
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most recent account Henderson	verdell ESA you'd like transferred and <u>attach</u> t statement for the account you are transferr g Non-Janus Henderson account?	
Name of the Student		
Name of Responsible Individual		
Account Number of the Coverdell E	ESA you are Transferring to Janus Henderson	

Step 3 - Continued

Wł	nere are the assets currently invested	?	
— Na	me of the Firm that Currently Holds You	ır Assets	
— Att	ention (Person or Department)		
— Ad	dress of Resigning Trustee, Custodian o	or Institution	
— Cit	у	State	Zip Code
— Ph	one Number		
Th	e approximate total amount of my tra	nsfer is \$	
Ple	ease liquidate the ESA and forward the	following assets to Janus He	enderson.
	All Assets		
	Portion of Assets (specify below)		
 Co	mplete Transferring Fund Name		% or \$ Amount
 Co	mplete Transferring Fund Name		% or \$ Amount
 Co	mplete Transferring Fund Name		% or \$ Amount
Fo	r Certificates of Deposit (check one)		
	Transfer immediately		
	Transfer upon maturity (date of maturit	y)*	
	*Please send us this form at least two	weeks prior to maturity	

Please include a copy of your current Non-Janus Henderson account statement.

Remember to sign on the last page

$\ \square$ Assets may need to be liquidated prior to transfer.	
☐ Signature Guarantee may be required.	
☐ Outstanding fees may be owed.	
☐ Specific asset transfer address.	
ep 5 - Please read and sign below	
Please liquidate assets as indicated in Step 3, and forward the transfer of assets is to be executed as a fiduciary-to-fiduciary receipt of all or any part of the transferred assets. I have established transfer.	transfer so as not to put me in actual or constructive
<u>X</u>	
Signature of Responsible Individual	Date
Signature of Responsible Individual	Date
Signature of Responsible Individual Printed Name of Responsible Individual	
	Date
	Date
	Date
	Date

Step 4 - To expedite your request, we recommend you contact your current firm to

A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution you intend to obtain a signature guarantee from for further information. A notary public cannot provide a signature guarantee.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

To Be Completed By Janus Henderson

Din rullen

To Resigning Trustee

State Street Bank and Trust Company accepts appointment as Successor Custodian. We have established a Coverdell ESA for the named participant and will accept the transfer of plan assets on a fiduciary-to-fiduciary basis.

David Kelley, President

State Street Bank and Trust Company Authorized Signature

Note To Resigning Trustee

Please make check payable to: Janus Henderson FBO

Investor's Name File Number

Please send check to:

Janus Henderson PO Box 219109 Kansas City, MO 64121-9109

Janus Henderson Overnight / Physical Address: Janus Henderson

430 W 7th Street, Suite 219109 Kansas City, MO 64105-1407

Copies of this document shall be treated as original for all purposes. Void if not signed by account owner.