

Coverdell Education Savings Account (ESA) Withdrawal Request Form

Use this form to request a withdrawal from a Coverdell Education Savings Account ("ESA") at BlackRock.


- ▶ Any withdrawal from your account may be reported to the IRS
- ▶ Withdrawal requests in excess of \$100,000 for Investor Shares and certain requests require a Medallion Signature Guarantee stamp

Send this form, along with any other required documents, to:

▶ **Regular mail:**
BlackRock Funds
PO Box 534429
Pittsburgh PA
15253-4429

▶ **Overnight mail:**
BlackRock Funds
Attention: 534429
500 Ross Street 154-0520
Pittsburgh, PA 15262

Fax: 844-569-5573

 **Questions?** Call us at **1-800-441-7762**, Monday through Friday between 8:00 AM and 6:00 PM ET or visit us online at www.blackrock.com.

The purpose of this form is to request a withdrawal from your BlackRock Account "ESA". You should consult your tax preparer or financial professional with any other questions you may have on tax reporting of any withdrawal.

The following instructions will help you complete this form, however if you have any questions we encourage you to call us for assistance at **1-800-441-7762** or email our team at contact.us@blackrock.com.

Important Notes Regarding this Form:

- ▶ To move your BlackRock ESA to another custodian, please complete the receiving custodian's trustee to trustee transfer form.
- ▶ If you would like to move your BlackRock ESA assets to BlackRock 529 plan account, please talk with our team and then use the **BlackRock ESA to 529 Request Form**.
- ▶ To request any other type of withdrawal from your ESA, please continue with this BlackRock ESA Withdrawal Form.

Designated Beneficiary reaches Age of Majority

- ▶ Under BNY Mellon's Custodial Agreement, the Responsible Individual shall continue as such on the account after the Designated Beneficiary attains the age of majority under state law. Review the Custodial Agreement for more information on this topic.

Helpful Information:

Generally, qualified expenses include tuition and fees, books, supplies & equipment, expenses for required special-needs services, some room & board, and some computer equipment, software and internet access.

It is the Responsible Individual's responsibility to document their expenses for tax purposes. BlackRock cannot provide you with any tax advice.

Section 1: Current Account Information

Please tell us about the account(s) that you wish to withdraw from:

Full name of Responsible Individual

Contact telephone number

Full name of Designated Beneficiary

Contact telephone number

Social Security Number

BlackRock Account Number(s)

Reference number (if applicable)

2a. Reason for Withdrawal

Please tell us what type of distribution you are taking.

Qualified Distribution – Proceeds will be used for Education Expenses*

- ☐ The proceeds of this distribution will be used for qualified education expenses for the designated beneficiary.

Non-Qualified Distribution – Proceeds will be NOT be used for Education Expenses*

- ☐ This distribution is not being used for qualified education, and none of the other reasons listed below apply.
- ☐ Permanent disability of the Designated Beneficiary (see section 72(m)(7) of the Internal Revenue Code qualifications).
- ☐ Liquidation of the account for the Designated Beneficiary has attained age 30.
- ☐ Transfer incident due to divorce or legal separation - a Medallion Signature Guarantee is required
- ☐ **Death** - the Responsible Individual or representative of the Designated Beneficiary's estate must furnish a certified copy of the death certificate and select from the following options (**A or B**) below.

A. Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions on page 2.

Estate's Tax Identification Number: _____

B. Distribute assets in cash payable to the named **Designated Death Beneficiary** following the mailing instructions on page 2.

Beneficiary's Name: _____ Social Security Number: _____

***Please review IRS Pub 970 to verify what is considered a qualified or non-qualified educational expense.**

2b. Full or Partial Withdrawal

- ☐ Total Distribution of ALL funds in the accounts referenced in section 1. Proceed to **Section 3**.
- ☐ Partial Distribution of selected funds in the accounts referenced in section 1. Complete allocations below.

If you would like to fully redeem one or more of the fund positions, please indicate "100%" in the amount field. Due to market fluctuations, attempting to estimate a total withdrawal amount may cause a delay in processing or leave a remainder in the fund.

Fund Name	A	Inst	Amount Per Fund	
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %

Total Amount to Redeem: \$ _____

Please indicate if you would like the proceeds of the withdrawal to be gross or net of any fees or sales charges:

☐ Gross

☐ Net

Any fees, sales charges, etc. would be taken out of the amount requested (this lowers the amount you receive)

Any fees, sales charges, etc. would be taken from the remainder of the *fund*— (the amount you request is the amount you receive)

Please Note: If you do not make any indication, we will default to "Gross".

3. Delivery Instructions

Please check the appropriate box to tell us where to send your distribution. Please note: Certain requests may require a Medallion Signature Guarantee stamp and additional documentation (such as a death certificate).

☐ Send the proceeds by check to the Designated Beneficiary's address by: ☐ Regular Mail **OR** ☐ Overnight (\$15 fee)

☐ Send the proceeds to my existing bank account on record by: ☐ ACH ☐ Wire (\$7.50 per fund)
(Bank Instructions must be on file at BlackRock)

☐ Send the proceeds to my *new* bank instructions **(Complete below)**
(Medallion Stamp REQUIRED)

Complete this section below and **attach a bank statement, voided check, or savings deposit slip** (showing the bank account number & registration of your bank account).

☐ Transfer Funds Electronically (ACH) **OR** ☐ Wire Funds (\$7.50 per fund)

Full name of bank account owner

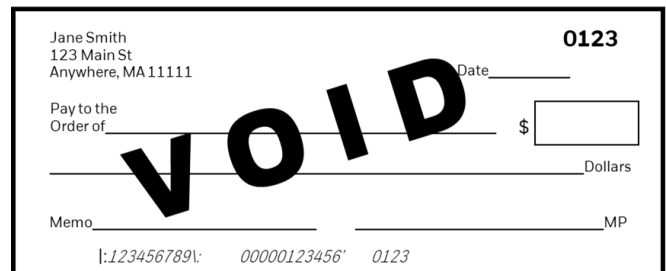
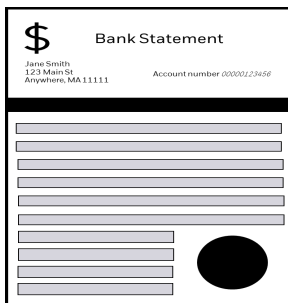
Full name of joint bank account owner

Bank account number

Name of bank

☐ Checking ☐ Savings

ABA routing number (9 digits)



☐ Send the proceeds by check to the Estate of the Designated Beneficiary
(Medallion Stamp & copy of death certificate are REQUIRED)

☐ Send the proceeds by check to the **Designated Death Beneficiary:** _____
(Medallion Stamp & copy of death certificate are REQUIRED) Name of Designated Death Beneficiary

Complete the following section **ONLY** if you are distributing to the **estate of Designated Beneficiary** or to the **Designated Death Beneficiary**:

Tax ID of Estate of Designated Beneficiary

OR:

Social Security number of Designated Death Beneficiary

Street # Street name

City State ZIP Code

Please note: If you do not select an option, your distribution will be mailed in the form of a check to your address of record. If you are planning to redeem via Federal Wire, please contact your bank to confirm whether or not they assess a fee upon receipt of the funds.

4. Signatures

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the BlackRock Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, BlackRock Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Please Note: If you are redeeming to an address or bank account that does not match your BlackRock account, Blackrock will require a Medallion Signature Guarantee Stamp. If the stamp you obtain is not legible via fax please mail it into the address on the upper right hand corner of page one. If you cannot obtain a Medallion Signature Guarantee Stamp or have any additional questions please speak with a BlackRock Service Center representative to assist you.

Tax Certification - Under penalties of perjury, I/we certify that:

- ▶ The number shown on this form is the correct taxpayer identification number, and
- ▶ The investor is not subject to backup withholding because the investor: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the investor that they are no longer subject to backup withholding, and
- ▶ The applicant is a U.S. person (including a U.S. resident alien) or
- ▶ Alternatively, under penalties of perjury, the applicant certifies that they are subject to withholding. If so, check here ☐
- ▶ The FATCA code(s) entered on this form (if any) indicating the investor is exempt from FATCA reporting is correct.
CODE: _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I acknowledge that:

- ▶ I certify that I am authorized to make these elections and that all information provided is true and accurate.
- ▶ I have received and read the current prospectus for all funds in which I am invested.
- ▶ I have the right to cancel any service at any time by writing to BlackRock.



Signature of Responsible Individual

Date (mm/dd/yyyy)

Title / Capacity (if any)

For Notary Public (if accepted):

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, _____, personally appeared and proved through satisfactory evidence of Identification to be the person whose name is signed above and acknowledged by:

Signature of Notary Public

*Place any notary seal or
Medallion Signature Guarantee
stamp here*

Not FDIC Insured | May Lose Value | No Bank Guarantee

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