

Coverdell Education Savings Account Distribution Form

- Please print clearly in blue or black ink.
- Send a completed and signed form to **AllianceBernstein Investor Services, Inc., P.O. Box 786003, San Antonio, TX 78278-6033**; for overnight delivery, send to **8000 IH 10 W, 13th Floor, San Antonio, TX 78230**.
- For help filling out this form, please call Client Services at (800) 221 5672, 8:30 a.m. to 6:30 p.m. (ET), Monday–Friday.

1. Responsible Individual (Account Owner) and Beneficiary Information

Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Social Security Number	Daytime Phone Number
Mailing Address*		
City	State	ZIP Code
Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's MI
Beneficiary's Date of Birth (MM/DD/YYYY)†	Beneficiary's Social Security Number†	

2. Requestor Information

Are you the Responsible Individual (Owner) of the Coverdell Education Savings Account?

- Yes** (Please proceed to Section 3).
- No** (Please provide your information below and check the appropriate box indicating the capacity in which you are acting. If not listed, please check "Other" and specify your capacity).

Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Social Security Number	Daytime Phone Number
Mailing Address		
City	State	ZIP Code
<input type="checkbox"/> Attorney-in-fact	<input type="checkbox"/> Executor(trix)	<input type="checkbox"/> Former Spouse
<input type="checkbox"/> Successor Responsible Individual	<input type="checkbox"/> Other _____	

* If the address listed above has been changed within the past 30 days or is not the same as the address AllianceBernstein has on record, a Medallion Signature Guarantee will be required.

† The beneficiary is the student or child for whom this Coverdell ESA is established.



3. Distribution Information*

The check will be made payable to the account owner and sent to the address listed on the account registration unless you request otherwise in Section 4.

Please choose the fund(s)/account(s) to receive payments from:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Amount of Distribution
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Amount of Distribution
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Amount of Distribution

Please choose the type of distribution:

- Single Lump-Sum Payment**—Redeem 100% of fund assets and close my account(s).
- Single Payment**—This amount will not be distributed automatically every year. If you wish to receive additional single payments, you may submit an additional distribution form at any time.
- Periodic Installment Payments[†]**
 Frequency of payments (choose one): Monthly Quarterly Annually
 Please start payments on (month/day): ____ / ____
- Transfer to a Coverdell Savings Account for a former spouse incident to divorce. (A copy of the divorce decree or other appropriate document must be provided.)
- Death
- Removal of excess contribution(s) made to the Coverdell Savings Account.
 Amount of excess contribution \$ _____ Tax Year _____
 Amount of excess contribution \$ _____ Tax Year _____
 Amount of excess contribution \$ _____ Tax Year _____
 Amount of excess contribution \$ _____ Tax Year _____
 Amount of excess contribution \$ _____ Tax Year _____

4. Receive Your Distribution by Check

Complete this section to receive your distribution via a mailed check. Do not complete Section 5.

- Make check payable to Responsible Individual (Account Owner and Beneficiary) and mail to address of record.
- Make check payable to a special payee and/or mail to a special address, as provided below.

Use only if different from the individual listed in Section 1. If this distribution request is to transfer the account to a Coverdell Education Savings account, then a letter of acceptance with an authorized signature from the successor institution is required.

Last Name	First Name	MI
Mailing Address		
City	State	ZIP Code

* Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge fee. See prospectus for details or contact Client Services at (800) 221 5672.
[†] Any shareholder who owns or purchases shares of a fund having a current NAV of at least \$5,000 may establish a systematic withdrawal plan under which the shareholder will periodically receive a payment in a stated amount of not less than \$50 on a selected date.

5. Deposit the Distribution into Your Bank Account

Complete this section to deposit your Coverdell distribution into a new or existing bank account. Do not complete Section 4.

Deposit the distribution into the bank account on file for this account. Select this option if you have previously established EFT for the account(s) in Section 3.

		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number	Type of Account

Deposit the distribution into the bank account listed below, which is not on file for this account. Select this option if you have not previously established EFT for your account(s), or you wish to have the distribution deposited in a different bank account from the one associated with the account(s) listed in Section 3.

Please establish future EFT transaction capability for this bank account for the account(s) listed in Section 3.

		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number	Type of Account

Please Tape a Preprinted, Voided Check Here*

For EFT transactions, the Fund requires signatures of bank account owners exactly as they appear on bank records. If the registration at the bank differs from that on the AllianceBernstein mutual fund, all owners of the bank account must authorize the draft by signing below:



ABA Routing #	Check #	Bank Account #

Signature (All bank account owners must sign)

Signature Date

Signature Date

* Services cannot be established without a preprinted voided check. If you are using a savings account rather than a checking account, please attach a preprinted deposit slip. The check or deposit slip provided must include the following: Bank ABA Routing Number, Bank Account Number and Bank Account Registration (name and address of account holder). If you are unable to provide these items, please submit a letter from your bank (on bank letterhead) confirming your account information.

6. Signature

By signing below, you certify that you are eligible to engage in the transactions requested on this form and are acting in the capacity indicated in Section 2 of this form. By signing this request, you are certifying, under the penalty of perjury, that the Social Security number or Taxpayer Identification Number provided in Section 1 or Section 2 of this form is a correct Social Security number or Taxpayer Identification Number and is not subject to backup withholding.

By signing below, you certify that the action directed on this form fully complies with the terms of Coverdell Education Savings Account Custodial Agreement governing your Coverdell Education Savings Account.

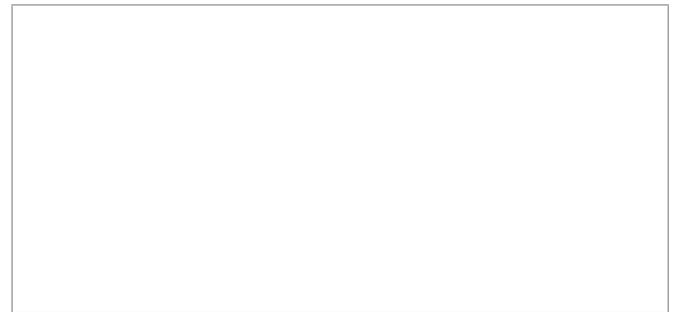
Signature

Date

A Medallion Signature Guarantee will be required for the any of following:

- Authorization from an individual other than the designated Responsible Individual (Account Owner)
- Special payees
- Special mailing instructions
- Distributions over \$100,000
- Address listed on form has been changed within the past 30 days or is not the same as the address AllianceBernstein has on record.

Affix Medallion Signature Guarantee Stamp Below*



* A Medallion Signature Guarantee is defined as a guarantee of signature as a warranty, with respect to the signature of an endorser of a security or an originator of an instruction regarding a security that, at the time of signing, guaranteed the signature was genuine; the signer was an appropriate person to sign, or, if the signature is by an agent, the agent had actual authority to act on behalf of the appropriate person; and the signer had legal capacity to sign.

AllianceBernstein Investments, Inc. (ABI) is the distributor of the AllianceBernstein family of mutual funds. ABI is a member of FINRA and is an affiliate of AllianceBernstein L.P., the manager of the funds.

The [A/B] logo is a registered service mark of AllianceBernstein and AllianceBernstein® is a registered service mark used by permission of the owner, AllianceBernstein L.P.

© 2020 AllianceBernstein L.P.

