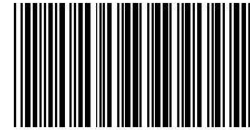




PO BOX 31759 Saint Louis, MO 63131-0759



SF2112/8-11

COVERDELL EDUCATION SAVINGS ACCOUNT DESIGNATION OF BENEFICIARY

Form with fields for CURRENT DESIGNATED BENEFICIARY'S NAME AND ADDRESS, COVERDELL ESA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS, Social Security Number, Date of Birth, Home Phone, Coverdell ESA Account Identification, and Trustee's or Custodian's Phone Number.

Complete one of the following options and the signatures section.

OPTION ONE COVERDELL ESA DESIGNATED BENEFICIARY. I designate the individual named below as the designated beneficiary of this Coverdell ESA and hereby revoke all prior designated beneficiary designations. Fields include Designated Beneficiary's Name and Address, Date of Birth, Social Security Number, Home Phone, and Relationship to Current Designated Beneficiary.

OPTION TWO COVERDELL ESA DEATH BENEFICIARY(ies). NAME/RENAME DEATH BENEFICIARY(IES) - I designate the individual(s) or entity named below as the primary and/or contingent death beneficiary(ies) of this Coverdell ESA and hereby revoke all prior death beneficiary(ies) designations, if any. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.

Table with 7 columns: No., Death Beneficiary's Name and Address, Date of Birth, Social Security Number, Relationship to Designated Beneficiary, Primary or Contingent, and Share %. Contains 4 rows for designating death beneficiaries.

SIGNATURES section. I certify that I am authorized by the Coverdell ESA plan agreement to change the designated beneficiary and/or change or add death beneficiaries at any time by completing and delivering the proper form to the Trustee or Custodian. Includes signature lines for Coverdell ESA Responsible Individual/Contributor and Authorized Signature of Custodian, each with a date field.

Rules And Conditions Applicable To Designation of Beneficiaries

**(Option One)
COVERDELL ESA
DESIGNATED
BENEFICIARY**

The Designated Beneficiary can generally be changed from one Designated Beneficiary to a member of that individual's family. Qualified family members of the Designated Beneficiary include the Designated Beneficiary's child, grandchild, or stepchild, brother, sister, stepbrother, or stepsister, nephew or niece, parents, stepparents, or grandparents, uncle or aunt, spouses of all the family members listed above, cousin, and Designated Beneficiary's spouse.

**(Option Two)
COVERDELL ESA
DEATH
BENEFICIARY(IES)**

This option is designed to replace or add Coverdell ESA death beneficiaries. Any balance to the credit of the Designated Beneficiary shall be distributed within 30 days of the date of such Designated Beneficiary's death unless the designated death beneficiary is a family member of the Designated Beneficiary who is under the age of 30 on the date of death. In such a case, the family member shall become the Designated Beneficiary as of the date of death.