



Coverdell Reimbursement/Expense Payment Request Form

IMPORTANT INFORMATION

Use this form to request a reimbursement or payment from the designated beneficiary’s self-directed Coverdell Account for education expenses related to the designated beneficiary or to pay a qualified education institution directly. Please consult with your legal, tax or financial advisor as to distribution rules. Further information is contained in IRS Publication 970, which can be obtained from the Internal Revenue Service (IRS) at www.irs.gov.

Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed.

- Next-Day Service (\$150) – Must be received by 4pm MST Same-Day Service (\$250) – Must be received by 10am MST

1. Designated Beneficiary Information (Student)

First Name: _____ MI: _____ Last Name: _____
Last 4 of SSN: _____ Date of Birth: ____/____/____ Phone Number: _____
Directed IRA Coverdell Account Number: _____

2. Responsible Individual Information, listed on account if Designated Beneficiary is a minor

First Name: _____ MI: _____ Last Name: _____
Last 4 of SSN: _____ Date of Birth: ____/____/____ Phone Number: _____

3. Reimbursement or Direct Payment

- I am requesting a reimbursement for qualifying education expenses be reimbursed to me.

Amount to be Reimbursed \$ _____
Payable to (First & Last Name): _____

- Please directly pay the Qualified Education Institution indicated below

For Beneficiary Name: _____
Amount to be Paid \$ _____ Ref. #/ Student ID/Account Number, if applicable: _____
Payable to (Qualified Education Institution): _____

4. Payment Instructions

Please select option A or B below:

- A. Check

Make Check Payable To: _____
Mail Check To: _____
Mailing Address: _____

City: _____ State: _____ Zip Code: _____

- Delivery:** Regular Mail (7-10 business days) Priority Mail (2-3 business days) (\$15.00) Overnight Mail (\$35.00)

B. Electronic Funds Transfer

Bank Name: _____ Routing Number: _____

Account Holder's Name: _____ Account Number: _____

Reference Number: _____ Funding Deadline: _____

Delivery: Wire ACH

Account Type: Checking Savings

*Routing Number may differ depending on selection

*If the requested payment amount is higher than your available balance, we will only process the payment up to the available balance in the account. Processing fees will be deducted from the account prior to sending payment. **Account balance must maintain minimum balance requirement.**

5. Account Owner Authorization

By signing below, I authorize Directed Trust Company to send payment as a reimbursement to me or directly to the qualified education institution from the indicated Designation Beneficiary's Coverdell Education Savings Account. I certify that the requested amount is a qualifying education expense pursuant to IRS Publication 970. I agree to release, indemnify, defend, and hold Directed Trust Company harmless for any claims arising out of this payment. This includes but not limited to, claims that this payment is not prudent, proper, legal, or diversified. This payment is further subject to all terms and conditions of the Custodial Account Agreement and Disclosure Statement within Directed Trust Company and all applicable State and Federal laws.

➤ _____
Designated Beneficiary Signature, if adult

Date

➤ _____
Responsible Individual Signature, if Designated Beneficiary is minor

Date

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

[Secure File Upload](#)

Email Forms to:
Investments@directedira.com

Send Mail to:
3033 N. Central Ave. Ste. 415
Phoenix, AZ 85012

Fax:
(602) 899-9641

Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation