

COVERDELL EDUCATION SAVINGS ACCOUNT (COVERDELL ESA) WITHDRAWAL AUTHORIZATION FORM

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Signature section for an explanation of the Medallion Signature Guarantee.

RESPONSIBLE INDIVIDUAL (Generally, the parent or legal guardian of the Designated Beneficiary unless the Designated Beneficiary is of legal age for their state of residence.)

▲ Name						
▲ Street Address	rs					
▲ City	▲ Stat	e ▲ Zip Code				
DESIGNATED BENE	EFICIARY					
▲ Name						
▲ City	▲ Stat	re ▲ Zip Code				
▲ Account Numl	ber					
DISTRIBUTION REA	ASON					
Qualified Distributi	ion - <u>Is Being Used</u> for Qualified Education Expenses:					
The distribu	ution from this account is being used for qualified education expenses of the Designated Beneficio	ıry.				
Non-Qualified Distr	ribution - <u>Is Not Being Used</u> for Education Expenses:					
1. This distr	1. This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.					
2. Permane	2. Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).					
	l of excess contribution plus earnings before the tax-filing deadline. In which tax year was the con intribution plus earnings being removed in the same year? Yes No	tribution made?				
4. Liquidati	ion of the account for the Designated Beneficiary has attained age 30.					
	incident due to divorce or legal separation - attach a Medallion Signature Guarantee letter of instret to be distributed.	truction indicating how the pro-				
	ů i	ither 1) a Medallion Signa- unds Coverdell ESA account				
	the Responsible Individual or representative of the Designated Beneficiary's estate must furnish a cand select from the following options (A, B, or C) below.	certified copy of the death cer-				
A. Di	bistribute assets payable to the estate of the Designated Beneficiary following the mailing instruction	ons on page 2.				
E	Estate's Tax Identification Number:					
B. Di	istribute assets in cash payable to the named Designated Death Beneficiary following the mailing	instructions on page 2.				
В	Beneficiary's Name:					
S	Social Security Number:					



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	C. The Coverdell ESA is being rolled over to a Coverdell ESA for	r an eligible fo	amily member who is under the age	of 30.			
	Coverdell ESA Recipient's Name:						
	Attached is a new AMG Funds Coverdell ESA account	application in	ndicating a rollover contribution inv	restment.			
	Deposit as a rollover into an existing Coverdell ESA at AMG Funds. Account Number:						
	Issue proceeds to a Coverdell ESA in the recipient's no	ame at anothe	er institution following the mailing i	nstructions below.			
דפות	FRIBUTION METHOD (Complete A, B and C)						
۵. ۵.	Choose one:						
	Total Liquidation						
	Partial Distribution - Amount: \$ o	r # of Shares					
В.	Distribute from:						
▲ Fu	und Name		▲ Dollar Amount	▲ Percentage			
▲ Fu	und Name		▲ Dollar Amount	▲ Percentage			
C.	Mailing Instructions						
	Mail to the following address - (Medallion Signature Guarantee required if address is not already on file.) ▲ Name of Institution						
	▲ Street						
	▲ City						
	Transfer funds electronically via ACH*: (voided check required)	(or) M	ail check to*:				
	▲ Name of Institution		*Medallion Signature	Guarantee is			
	▲ For the Benefit of ▲ Address		required and may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association.				
			*The receiving bank accou your or the Designated name in the account regi	l Beneficiary's			
	▲ Routing ▲ Account Number						



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SIGNATURE

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 AMG 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, AMG 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.

▲ Signature of Responsible Individual *Designated Beneficiary (if legal adult)



Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Mail to the following:

First Class Mail:

AMG Funds P.O. Box 534426 Pittsburgh, PA 15253-534426 **Overnight Express:**

AMG Funds Attn: 534426 AIM 154-0520 500 Ross Street Pittsburgh, PA 15262 If Medallion Signature Guarantee is NOT required, Fax To:

AMG Funds 1.833.778.3740