



BRANCH ID

ACCOUNT NUMBER 帳戶號碼

DISTRIBUTION REQUEST FOR COVERDELL ESAs 教育基金帳戶提款申請表

IRA ACCOUNT HOLDER INFORMATION 帳戶持有人資料			
NAME(Please print)姓名 (請用英文印刷體填寫)			
HOME ADDRESS 住宅地址		STREET 街	DATE OF BIRTH 出生日期
CITY 城市	STATE 州	ZIP 郵政區號 PLUS4 延長 4 位號	SOCIAL SECURITY NO. OF RECEIPTENT 接收人的社會安全號碼
NAME OF RESPONSIBLE INDIVIDUAL 負責人姓名			
A. AMOUNT OF DISTRIBUTION Check appropriate boxes 分配額 請勾選			
1. <input type="checkbox"/> PARTIAL DISTRIBUTION 部分分配		<input type="checkbox"/> TOTAL DISTRIBUTION 全部分配	
2. <input type="checkbox"/> CASH 現金: Please distribute \$_____ from my Traditional IRA account and : 請從我的退休帳戶中提領以上金額並			
<input type="checkbox"/> a. Mail me a check 將支票寄給我		<input type="checkbox"/> b. Journal to Scottrade non-IRA Account#_____ 入帳到我史考特的非退休帳戶號碼	
<input type="checkbox"/> Wire Funds(include instructions)電匯資金(包括指示)			
ABA# 號碼_____		Bank Name 銀行名稱_____	
Bank Account#銀行帳戶號碼_____		Bank City & State 銀行所在州和城市_____	
A/C name at Bank銀行帳戶名稱_____		Further Credit (optional)進一步入帳至_____	
<input type="checkbox"/> SECURITIES: Please distribute 請分配_____ shares of(股數)_____ (股票代號)			
證券		to Scottrade Account# (至史考特的帳戶號碼)_____	
Note: Securities cannot be mailed to you. 註: 證券不能郵寄給您。			
B. FREQUENCY OF DISTRUBUTION 分配頻率			
<input type="checkbox"/> ONE TIME 僅此一次 One time distributions are processed within 2-3 business days. 一次性分配將在 2-3 個工作日內處理			
<input type="checkbox"/> MONTHLY* 按月 Starting Month 起始月份_____			
<input type="checkbox"/> QUARTERLY* 按季 Starting Month 起始月份_____			
*Monthly and quarterly distributions are processed on the 5 th of the month. If the 5 th of the month falls on a weekend or holiday the distribution will be processed on the following business day. 按月和季分配的資金在每月 5 日處理。如果 5 日是節假日, 分配將在下一個工作日處理。			
C. REASON FOR DISTRIBUTION Please select only one choice 僅請選擇一項			
<input type="checkbox"/> Qualified education expenses 合格教育費用			
<input type="checkbox"/> Disability (must provide a current physician statement or Schedule R) 必須附上當前的醫生證明或 Schedule R			
<input type="checkbox"/> Death 死亡			
<input type="checkbox"/> Removal of Excess 去除超額款(Please attach Excess Removal Form)請附上去除超額存款表			
<input type="checkbox"/> Non-qualified distribution 非合格分配			

PLEASE SIGN THIS SECTION – Required 請簽署本部分 – 必須簽字

I hereby certify that I am the party authorized to make these elections regarding this account, and that no tax advice was given to me by Scottrade. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from the election(s), and agree that the Custodian shall in no way be responsible.

我證實,我是被授權作出有關此帳戶的這些選擇的一方,而且史考特, Inc. 證券公司未曾向我提供稅務方面的建議,有關此提款的所有決定均由我自行作出。對於因這些選擇而可能導致的後果,我明確承擔責任,我同意監管人在任何方面無需負責。

DATE
日期

X

SIGNATURE OF RESPONSIBLE INDIVIDUAL
負責人簽字

FOR SCOTTRADE USE ONLY 僅供內部使用	
_____ RECEIVED	_____ AUTHORIZED SIGNATURE OF CUSTODIAN
_____ DATE COMPLETED	

Disclaimer

The information found on our website, forms, and agreements is provided in the Chinese Language for convenience and informational purposes only. The website, forms and agreements, although not in its entirety, were translated from Scottrade's English Language version. Although we attempted to provide a clear interpretation from the English version to Chinese, some of the content may differ due to differences in language translation and conversion processes. Our customers are bound to the English Language provisions of our agreements.

免責條款

本公司網站、表格和合約所載資訊的中文僅為方便理解而提供。網站、表格和合約所載資訊的中文部分乃從史考特公司的英文版本翻譯而來。雖然我們盡力提供與英文版本含義一樣清楚的中文文本,但因語言翻譯和轉換過程中的差異,可能存在不盡相同之處。本公司客戶須以合約之英文文本為準。