



(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com
Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

For Internal Use Only: Agent Pays Fees
Tracking Code: Referral Code:

This is an amendment to an existing Coverdell ESA

PART 1. DESIGNATED BENEFICIARY

The Individual for whom this account is being established.

Title: First Name: M.I.: Last Name: Suffix:
[Input fields for name information]

Legal Address: Apt/Unit/Ste: City: State: Zip:
[Input fields for legal address]

Mailing Address: (If different than above) Apt/Unit/Ste: City: State: Zip:
[Input fields for mailing address]

Social Security Number: (###-##-####) Date of Birth: (MM/DD/YYYY) Account Number:
[Input fields for SSN, DOB, and account number]

PART 2. DEPOSITOR

The Individual establishing this account

Title: First Name: M.I.: Last Name: Suffix:
[Input fields for name information]

Legal Address: Apt/Unit/Ste: City: State: Zip:
[Input fields for legal address]

Mailing Address: (If different than above) Apt/Unit/Ste: City: State: Zip:
[Input fields for mailing address]

Social Security Number: (###-##-####) Date of Birth: (MM/DD/YYYY)
[Input fields for SSN and DOB]

Primary Phone: Type: Alt Phone: Type:
[Input fields for phone numbers and types]

## PART 3. RESPONSIBLE INDIVIDUAL

The Individual responsible for managing this account

Title:	First Name:	M.I.:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address: <i>(If different than above)</i>	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number: <i>(###-##-####)</i>	Date of Birth: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>

Primary Phone:	Type:	Alt Phone:	Type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Designated Beneficiary:	Email Address:
<input type="text"/>	<input type="text"/>

### Elections

Select an answer to each of the following questions. If a box is not checked for a question, "No" will apply

Will the responsible individual continue to serve as the responsible individual for the custodial account after the designated beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates? *(See Article V of the agreement for additional information.)*

No  Yes

If the responsible individual becomes incapacitated or dies after the designated beneficiary reaches the age of majority under state law, the responsible individual shall be the designated beneficiary

May the responsible individual change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Code section 529(e)(2) in accordance with the custodian's procedures?

No  Yes

## PART 4. SUCCESSOR RESPONSIBLE INDIVIDUAL

In the event of the death or legal incapacity of the responsible individual while the designated beneficiary is a minor under state law, the individual named below is designated as the successor responsible individual

No successor responsible individual will be named at this time. The responsible individual may designate a successor responsible individual at a later date.

Title:  First Name:  M.I.:  Last Name:  Suffix:

Legal Address:  Apt/Unit/Ste:  City:  State:  Zip:

Mailing Address: *(If different than above)*  Apt/Unit/Ste:  City:  State:  Zip:

Social Security Number: *(###-##-####)*  Date of Birth: *(MM/DD/YYYY)*

Primary Phone:  Type:  Alt Phone:  Type:

Relationship to Designated Beneficiary:  Email Address:

## PART 5. ACCOUNT SETUP INFORMATION

I have reviewed the HTC Fee Schedule.

### Fee Payment Options

1. Choose a method of payment for Account Setup Fees:

- Deduct from Account  
 Check Enclosed  
 Charge Credit Card  
*(Complete Credit Card Payment Method Section)*

2. Choose a method of payment for subsequent Annual and Transactional Fees

- Deduct from Account  
 Charge Credit Card  
*(Complete Credit Card Payment Method Section)*

All accounts require a credit card on file as a secondary payment option to establish a new account. The credit card on file will not be charged unless indicated as the choice payment option or if the account does not have enough available cash for incurred fees.

### Account Personal Identification Number

Please enter a 4-Digit PIN:



The undersigned agrees to be bound by the terms and conditions of this PIN request form and the Horizon Trust Company Self-Direct Account Agreement. The undersigned agrees to keep the requested PIN confidential.

## Credit Card Payment Method

I have read and understand the Self-Directed IRA Account Agreement regarding the credit card charge(s) and I authorize the credit card payment by Horizon Trust Company for fees to establish and/or maintain this IRA. Not limited to, but including Activation Fee, Annual Fee, and any special service fee or transactional fees to keep my account in good standing.

Select a Credit Card Type:

Visa  Mastercard  American Express  Discover

Cardholder Name:

Card Number:

Expiration Date: (MM/YY)

Security Code:

Billing Address:

Apt/Unit/Ste:

City:

State:

Zip:

## PART 5. ACCOUNT FUNDING INFORMATION

Please select all that apply. (Horizon Trust Company reserves the right to review all asset transfer/rollovers prior to accepting assets.)

### Funding Type

One-Time Contribution (From Self or Spousal Contribution) Tax Year:  Amount:

Monthly Contributions (From Self or Spousal Contribution; Current Tax Year Only) Monthly Amount:

Transfer (Direct movement of assets from a Coverdell ESA into this Coverdell ESA) Amount:

Rollover (Distribution from a Coverdell ESA that is being deposited into this Coverdell ESA) Amount:

 By selecting this option, I irrevocably designate this contribution as a Rollover.

### Funding & Check Titling

Because your account is considered to be the legal owner of your investments, all assets and documents must reflect this ownership. Failure to title assets correctly may cause delays and/or tax consequences. The correct titling should be as follows:

“Horizon Trust FBO: (Your Name) (Account Type)”

Example: Horizon Trust FBO: Jane Doe Roth IRA

## PART 4. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary. The total beneficiary share percentage designated MUST equal 100%. Treasury Reg 1.401(a)(9) defines an eligible trust as beneficiary as irrevocable or a revocable trust that it becomes reclassified as irrevocable upon death. If a revocable trust is listed as either a primary or contingent beneficiary, the account owner is responsible to ensure it meets the Roth IRA requirements.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

### Beneficiary 1. Primary Beneficiary Contingent Beneficiary

Title:  First Name:  M.I.:  Last Name:  Suffix:  Share %:

Address:  Apt/Unit/Ste:  City:  State:  Zip:

SSN or EIN:  Date of Birth: (MM/DD/YYYY)  Relationship:

### Beneficiary 2. Primary Beneficiary Contingent Beneficiary

Title:  First Name:  M.I.:  Last Name:  Suffix:  Share %:

Address:  Apt/Unit/Ste:  City:  State:  Zip:

SSN or EIN:  Date of Birth: (MM/DD/YYYY)  Relationship:

### Beneficiary 3. Primary Beneficiary Contingent Beneficiary

Title:  First Name:  M.I.:  Last Name:  Suffix:  Share %:

Address:  Apt/Unit/Ste:  City:  State:  Zip:

SSN or EIN:  Date of Birth: (MM/DD/YYYY)  Relationship:

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached: \_\_\_\_\_

## PART 6. SIGNATURES

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**Important: Please read before signing.**

The depositor and responsible individual have received a copy of the Coverdell ESA Application, the 5305-EA Coverdell ESA Custodial Account Agreement, and the Disclosure Statement. The depositor and responsible individual understand that the terms and conditions that apply to this Coverdell ESA are contained in this Application and the Coverdell ESA Custodial Account Agreement, and agree to be bound by those terms and conditions.

The depositor assumes responsibility for determining that he or she is eligible to make this contribution and that the contribution is within the limits set forth by the tax laws.

The responsible individual assumes responsibility for 1) Ensuring that all future contributions are within the limits set forth by the tax laws, 2) Certifying that he or she is qualified to assume the responsibilities of the responsible individual as set forth in the Coverdell ESA Custodial Account Agreement, and 3) Managing and administering the Coverdell ESA and authorizing transactions involving contributions (*including rollover contributions*) and distributions

Signature of Coverdell ESA Depositor <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
Signature of Witness <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
Signature of Coverdell ESA Responsible Individual <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
Signature of Custodian <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>

## PART 7. IRA CUSTODIAN INFORMATION

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**Horizon Trust Correspondence**  
PO BOX 27068  
Newark NJ 07101

**Phone:** (888) 205 - 6036  
**Fax:** (505) 212 - 0494

**Email:** [operations@horizontrust.com](mailto:operations@horizontrust.com)  
**Website:** [www.horizontrust.com](http://www.horizontrust.com)

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### TRADITIONAL, ROTH, SEP, SIMPLE

#### Service Fees

Setup Fee and Year 1 Annual Fee	\$2,995
Annually After Year 1 <sup>1</sup>	Multiplier
\$0 - \$40,000	\$395
\$40,001 - \$80,000	0.0100
\$80,001 - \$150,000	0.0060
\$150,000 - \$250,000	0.0040
\$250,000 - \$1,000,000+	0.0030

### SPECIALTY ACCOUNTS

Service Fees	CESA	HSA	Precious Metals
Activation Fee	\$250	\$250	\$250
Annual Fee	\$395	\$395	\$395

### SERVICES & OPTIONAL FEES

Express Account Open <sup>2</sup> (Recommended) .....	\$50	Returned Check Fee .....	\$30 each
Overnight Mail Fee .....	\$50	Late Fee .....	\$25 per 30 days
Form 1099-R .....	\$100	Termination Fee .....	\$500
Stop Payment .....	\$30 each		

*Fees are subject to change with 30 days written notice. <sup>1</sup>The annual fee is calculated by multiplying the account value by the multiplier. The annual fee is billed in the anniversary month each year. <sup>2</sup>Express Account Open is same day processing when establishing a new account. All Horizon Trust accounts require a credit card on file as a secondary payment option to establish an account. The credit card on file will not be charged unless indicated as the choice payment option, or if the account does not have enough available cash for incurred fees.*

Signature of Account Owner:	Account Owner Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>