



# COVERDELL EDUCATIONAL SAVINGS ACCOUNT SD AGREEMENT ADDENDUM

**MAILING ADDRESS**  
Horizon Trust Company  
P.O. Box 30007  
Albuquerque, New Mexico 87190

**FOR OVERNIGHT NIGHT MAIL ONLY:**  
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## PARTICIPANT INFORMATION

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Beneficiary (child): \_\_\_\_\_

Responsible Individual: \_\_\_\_\_

Contributor: \_\_\_\_\_

I have received a copy of the CESA Application and the Horizon Trust Company Self-Directed Account Agreement. I understand that the terms and conditions that apply to this Educational Savings Account are contained in this agreement. I agree to the terms and conditions set forth.

I assume complete responsibility for:

- Determining that the contributor is eligible to make contributions
- Ensuring that all contributions I make are within the limits set forth by the tax laws
- The tax consequences of any ineligible contribution
- Understanding eligible distributions and ineligible distributions

Responsible Party Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Depositor Signature : \_\_\_\_\_ Date : \_\_\_\_\_