



COVERDELL EDUCATIONAL SAVINGS ACCOUNT SD AGREEMENT ADDENDUM

HORIZON TRUST COMPANY
6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

PARTICIPANT INFORMATION

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 : _____