



Coverdell Education Savings Account beneficiary designation

Use this form to appoint or change a beneficiary for your Coverdell Education Savings Account. Complete the account information in Step 1, designate the desired beneficiary(ies) in Step 2, and sign in Step 3. If you need any help completing this form, please contact Shareholder Services at (800) 728-3337 or e-mail: service@dws.com.

If the student is a minor in the state of their residence (or if the student has reached the age of majority, but not filed a written notice with the custodian assuming control of the Coverdell Education Savings Account), the responsible individual controlling the administration of the Coverdell Education Savings Account should sign in Step 3. If the student controls the administration of the account, the student should sign in Step 3.

Step 1 Account information (*Indicates required field)

<hr/> <small>* Full name of student (please print)</small>	<hr/> <small>* Social Security number of student</small> ()	<hr/> <small>* Date of Birth – MM/DD/YYYY</small>
<hr/> <small>* Account number¹</small>	<hr/> <small>* Daytime phone number of student</small> Extension	
	()	
<hr/> <small>* Full name of responsible individual (please print)</small>	<hr/> <small>* Phone number of responsible individual</small> Extension	

Step 2 Beneficiary designation

Use the space on the next page to indicate the designated beneficiary(ies) for the account. It may be advisable to designate a “family member” of the student (see the Coverdell Education Savings Account disclosure statement you received when you established the account for a description of qualifying family members) who is the same age or younger than the student. If the designated beneficiary is a family member of the student and is under age 30 at the time of the student’s death, the account may remain a Coverdell Education Savings Account for the benefit of the designated beneficiary (who is thereafter treated as the student for purposes of administering the account). If the family member is age 30 or older, and qualifies as a “Special Needs Beneficiary,” they can also elect to treat the Coverdell Education Savings Account as their own. Otherwise, the account cannot continue to be administered as a tax-sheltered account.

The responsible individual or student may change the beneficiary(ies) designated below at any time by filing a new beneficiary designation form with the custodian. Any such subsequent beneficiary designation will revoke all prior designations. If the person designated as primary beneficiary does not survive the student, the account will pass to the secondary beneficiary (if any) named below if he or she survives the student. If no designated beneficiary survives the student, the account will pass to the student’s estate (unless otherwise required under the laws of the state of the student’s residence). If you wish to designate more than two primary or secondary beneficiaries, you may do so by attaching a separate sheet listing the required information about each designated beneficiary. Distributions to the beneficiaries will be in equal shares unless you specify different proportions.

continued on next page

¹ All funds will be changed unless otherwise indicated.

Primary Beneficiaries

Percentages must equal 100%

_____ Name	_____ Social Security number	_____ Date of Birth – MM/DD/YYYY
_____ Relationship to student	_____ Percentage	_____ %
_____ Name	_____ Social Security number	_____ Date of Birth – MM/DD/YYYY
_____ Relationship to student	_____ Percentage	_____ %

Secondary Beneficiaries

Percentages must equal 100%

_____ Name	_____ Social Security number	_____ Date of Birth – MM/DD/YYYY
_____ Relationship to student	_____ Percentage	_____ %
_____ Name	_____ Social Security number	_____ Date of Birth – MM/DD/YYYY
_____ Relationship to student	_____ Percentage	_____ %

Responsible individual should sign below, unless student has reached age of majority.

_____ Signature	_____ Print name	_____ Date – MM/DD/YYYY
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Retain a photocopy of the completed beneficiary designation form for your records.

Please mail completed form to:

DWS Service Company
P.O. Box 219151
Kansas City, MO 64121-9151

Overnight Address:

DWS Service Company
430 W. 7th Street
Suite 219151
Kansas City, MO 64105-1407

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