



**FIRSTHAND FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (ESA)
CERTIFICATION OF ROLLOVER ASSETS**

FIRSTHAND FUNDS

**P.O. Box 534444
Pittsburgh, PA 15253-4444
1-888-884-2675**

Use this form to certify the eligibility of a rollover contribution. Rules regarding rollovers and their tax implications are complex. Please refer to IRS Publication 970 or a professional tax advisor for more information.

RESPONSIBLE INDIVIDUAL (The parent or guardian of the Designated Beneficiary)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

DESIGNATED BENEFICIARY

Name: _____

Social Security Number: _____ Date of Birth: _____

ROLLOVER INVESTMENT

- 60 Day Rollover – (Coverdell ESA in the same Designated Beneficiary’s name)** This is a distribution of all or part of the account balance from another Coverdell ESA that was registered to the same Designated Beneficiary and is being rolled over within 60 days of receipt.
- 60 Day Rollover – (Eligible Family Member’s Coverdell ESA)** This is a distribution of all or part of the account balance from a Coverdell ESA that was held in another family member’s name and is being rolled over within 60 days of receipt.

CERTIFICATION

I, as the Responsible Individual for the above referenced account, certify the following statements are true and correct:

The investment is an eligible Coverdell ESA rollover contribution that is being rolled over

- 1) Within the required timeframe, and
- 2) Includes only Coverdell ESA eligible assets, and
- 3) Is from another Coverdell ESA account in which the above-named Designated Beneficiary was either the original Designated Beneficiary or was an eligible family member of the Designated Beneficiary.

The property received from the distributing Coverdell ESA is the same property that is being rolled over into this Coverdell ESA.

I understand that this rollover contribution is irrevocable. I agree that I, as the Responsible Individual, am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the Custodian nor Firsthand Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.

I have read, understand, and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on this form when accepting this rollover contribution.

Responsible Individual’s Signature: _____ **Date:** _____

Mail to the following:

First Class Mail:
Firsthand Funds
P.O. Box 534444
Pittsburgh, PA 15253-4444

Overnight Mail:
Firsthand Funds
Attention: 534444
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Customer Service:
1-888-884-2675