



Education Savings Account Certificate Maturity

Please use this form if you would like to provide or make any changes to your Education Savings Account (ESA) maturity instructions.


Please complete, print, and sign the ESA maturity instruction form. You may send the signed request as an attachment to your eMessage, fax to 1-703-206-4350, bring to a local branch office, or mail to Navy Federal Credit Union, P.O. Box 3001, Merrifield, VA 22119-3001.

The maximum contribution to an ESA is \$2,000.00 per tax year. No further contributions can be made to an ESA after the Beneficiary reaches age 18. Internal transfers within the ESA plan have no monetary or age limits.

To continue growing your savings, consider renewing to one of our **Featured** products. For more product information and current rates, visit us online at navyfederal.org/certificates or by phone at 1-888-842-6328.

If you have any questions while completing this form, please contact an ESA specialist at 1-888-842-6328 between 7:30 am and 11:00 pm, Eastern Time, Monday through Saturday. For toll-free numbers when overseas, visit navyfederal.org.

ESA Certificate Maturity Instructions

Beneficiary Name	Beneficiary Access Number	ESA Certificate Maturity Date (MM/DD/YY)
Responsible Individual Name	Responsible Individual Access Number	ESA Account Number
<p>Please check the appropriate box(es):</p> <p><input type="checkbox"/> At maturity, renew the ESA Certificate for \$ _____ with a term of _____ months or years.</p> <p><input type="checkbox"/> Transfer funds from/to account number _____.</p> <p><input type="checkbox"/> A check is enclosed for \$ _____. <input type="checkbox"/> Current Year Contribution <input type="checkbox"/> Prior Year Contribution</p> <p><input type="checkbox"/> Transfer the entire balance at maturity to account number _____.</p> <p><input type="checkbox"/> Send me a check for the entire balance at maturity.</p> <p><input type="checkbox"/> Change my periodic transfer to \$ _____, starting on _____. <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (<i>eligible certificates only</i>)</p>		
Responsible Individual/Beneficiary Signature*		Telephone No.
		
Email Address		Date (MM/DD/YY)

*If the Beneficiary is under the age of majority, the Responsible Individual must sign. If the Beneficiary has reached the age of majority, the Beneficiary must sign unless the Responsible Individual elected on the ESA application to continue to serve as the Responsible Individual after the Beneficiary reached the age of majority.

