



Withdrawal Request Form

Complete this form and return to:
CollegeAdvantage 529 Savings Plan
P.O. Box 932355
Cleveland, OH 44193

Instructions:

- You can request a withdrawal online at www.collegeadvantage.com when you log in to your account.
- If requesting a withdrawal by mail, this original form must be used. We cannot accept faxes, copies or email attachments.
- Please print in blue or black ink.
- SIGNATURE REQUIRED** on last page.
- If withdrawal amount is over \$10,000, this form must be notarized (see back).
- A withdrawal may have tax consequences depending on how it is used. You may wish to consult a tax advisor prior to requesting a withdrawal.

1 Account number

Please provide your CollegeAdvantage account number.

2 Account Owner information

_____ M.I. _____ Last name

_____-_____-_____

Account Owner's Social Security number

(_____) _____ - _____ (_____) _____ - _____

Home phone

Work phone

3 Beneficiary information

_____ M.I. _____ Last name

_____-_____-_____

Beneficiary's Social Security number

4 Reason for withdrawal

Choose one option below:

- Funds will be used for qualified higher education expenses.** Account Owner is responsible for maintaining records substantiating use of funds for tax purposes.
- Funds are not going to be used for higher education expenses.**
- Rollover withdrawal to establish an account in another 529 Plan.**

Documentation required for the following types of withdrawals:

- Permanent disability of Beneficiary.** Attach a doctor's letter stating that the Beneficiary is unable to attend any eligible educational institution because of injury or illness expected to continue indefinitely or result in death.
- Death of Beneficiary.** Attach a certified copy of Beneficiary's death certificate with name and Social Security number.

5 Educational institution

Please provide the name and address of the educational institution below. Use the address of the Bursar's Office or the address found on the invoice from the school.

Name of institution (plus branch, if applicable)

Institution's mailing address

City

State

ZIP code

Academic year (e.g., 2011-2012)

Term (check all that apply) Fall Winter Spring Summer

6 Amount requested

Indicate each CollegeAdvantage Investment Option from which the withdrawal should be funded. Please verify the account balance before requesting a dollar amount. Funds must be on account at least 7 business days prior to the withdrawal.

Investment Option code	Funds requested		
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
Total from above \$ _____,_____._____			
Total from CDs below (if any) \$ _____,_____._____			
GRAND TOTAL \$ _____,_____._____			

Please refer to the *Investment Option Selection Guide* for a list of all CollegeAdvantage Investment Options and their corresponding codes.

If the dollar amount specified exceeds the amount available in the account, we will disburse only the amount available at that time.

CD Liquidation (Complete only if you are liquidating a CD prior to maturity)

Note: CDs are automatically redeemed at maturity and the redemption value of the CD is put into a 529 savings account, which was established for you when the CD was opened. **Early redemption penalty:** If you redeem a 3- to 11-month CD before at least half the stated term is over, or a 12- to 144-month CD before at least a third of the term is over, you may lose all interest accrued and possibly part of your principal. Call us at 1-800-AFFORD-IT (233-6734) if you do not know the maturity date of your CD. If you do not request 100% of the proceeds, the remaining balance will be put in your CollegeAdvantage 529 savings account.

Investment Option code	Funds requested		
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
CD certificate number _____			
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100% of Option
CD certificate number _____			

Since you are requesting a withdrawal from a 529 CD that has not yet matured, we need your instructions as to how to proceed:

- Process with early redemption penalty.
- Hold and process at maturity. Maturity date must be within 30 days of the Ohio Tuition Trust Authority's receipt of this form and cannot cross calendar year (i.e., withdrawal request received December 20, maturity date January 4). If maturity date is more than 30 days away, or maturity date occurs in the next calendar year, CD will be liquidated upon receipt of this form, and any applicable early redemption penalty will be applied to the redemption.

If you currently make automatic contributions, your transactions will continue to occur unless otherwise specified. You can stop or change automatic contribution instructions by logging in to your account online at www.collegeadvantage.com. Or, to stop or change an electronic funds transfer (EFT), submit an *Electronic Funds Transfer (EFT) Authorization Form*. To stop or change payroll deduction, submit a *Payroll Deduction Authorization Form*.

9

Signature

I request the withdrawal indicated herein. The Ohio Tuition Trust Authority is entitled to rely on this request and is released from any and all claims I may have or hereafter have with respect to the withdrawal. I understand the amount withdrawn should be reported to my financial aid office. I certify the information provided herein is true and accurate, and complies with the terms and conditions of the *CollegeAdvantage Offering Statement and Participation Agreement*. I further certify that both my Social Security number and that of the Beneficiary set forth in Sections 2 and 3 are true, correct, and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

Print name of Account Owner

Signature of Account Owner (Required)

____ - ____ - ____
Signature date (mm/dd/yyyy)

Additional verification requirements: NOTARY SEAL (only required in very limited circumstances, as outlined below):

- 1) Account Owner change of address was done within the last 15 days.
- 2) Withdrawal address is different from Account Owner's address of record.
- 3) Check is payable to another 529 Plan.
- 4) Withdrawal amount is over \$10,000.

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Account Owner

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date

BENEFICIARY SIGNATURE (ONLY REQUIRED IN VERY LIMITED CIRCUMSTANCES)

Beneficiary signature is required if account includes funds invested in the suspended Guaranteed Savings Fund AND it was opened before 10/1/1996 AND Beneficiary is 18 or older AND Account Owner has not previously submitted a *Pre-1996 Ownership Amendment Form* to the Ohio Tuition Trust Authority. Only if **ALL** of these conditions apply is Beneficiary signature required.

Print name of Beneficiary

Signature of Beneficiary

____ - ____ - ____
Signature date (mm/dd/yyyy)

If Beneficiary's signature is required, it must be notarized.

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Account Owner

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date