CollegeAdvantage Direct 529 Savings Plan

Withdrawal Request Form



• Complete this form to request a full or partial qualified or non-qualified withdrawal from your CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct) Account. You must submit a separate form for each type of withdrawal you are requesting. The earnings portion of all withdrawals is calculated on the total value of all Accounts with the same Account Owner and Beneficiary. The earnings portion of non-qualified withdrawals from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. See the CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement for more information. State tax treatment of K—12 withdrawals is determined by the state(s) where the taxpayer files state income tax. If you are not an Ohio taxpayer, please consult with a tax advisor.

Note: You can also request a withdrawal online at www.CollegeAdvantage.com.

- You are responsible for maintaining adequate records to claim an exclusion from income for withdrawals used for qualified higher education expenses.
- We are required to file IRS Form 1099-Q if you take a withdrawal from your CollegeAdvantage Direct Account.
- A contribution must be invested with CollegeAdvantage Direct for a period of seven (7) business days prior to withdrawal.
- If the address to which you've requested the withdrawal be sent has changed, or if you have changed your banking information in the last fifteen (15) calendar days, your withdrawal will be held until this 15 calendar day period has been satisfied. If you want the withdrawal released prior to the waiting period, a notarized signature is required in Section 7.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.CollegeAdvantage.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305 Kansas City, MO 64121-9305 For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Number	Social Security Number or Taxpayer Identification Number (<i>Required</i>)
Name of Account Owner (first, middle initial, last)	

Telephone Number (In case we have a question about your Account.)



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^{*} The IRS and the Ohio Department of Taxation may require you to prove that your withdrawal is for Qualified Higher Education Expenses. Consult the IRS or your tax advisor for current documentation requirements.

^{**} The earnings portion of a non-qualified withdrawal is subject to federal income tax, and may be subject to a 10% federal penalty tax, as well as state and local income taxes and recapture of any State of Ohio tax deduction previously claimed. Contact your tax advisor about how to report a non-qualified withdrawal.

Amount of withdray	wal (Choose one, A through D.)			
	thdraw the entire amount held in all of t AIP) <i>(if applicable)</i> , and close this Accour	he Investment Options in my Account, disc nt.	ontinue :	my Automatic
Important: If you these contribution		roll deduction, you must notify your employ	er to car	ncel
amount you indica	ount proportionately from among my cur te exceeds the amount available, Colleg	rrent Investment Options. (Any CD holdings eAdvantage Direct will liquidate the entire ur account, we will not close the Account.)	e balance	
C. Partial amount a	s follows.			
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D. CD Liquidation. (Complete only if you are liquidating a CL	O prior to maturity.)		
Account, which wa CD before at least lose all interest acc	as established for you when the CD was half the stated term is over, or a 12- to 1 crued and possibly part of your principal	e redemption value of the CD is put into a Foreneed. Early redemption penalty: If you related the CD before at least a third of the Call us at 1-800-AFFORD-IT (233-6734) as proceeds, the remaining balance will be proceeds.	redeem a e term is o if you do	3- to 11- month over, you may o not know the
CD Certificate N	lumb au	Dollar amount	OR	Total balance
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Since you are requesto proceed.	uesting a withdrawal from a 529 CD th	nat has not yet matured, we need your in	structio	ns as to how
Process with	n early redemption penalty.			
this form and c the maturity da	cannot cross calendar years (i.e. withdra ate is more than 30 days away or maturi	pe within 30 days of the Ohio Tuition Trust wal request received December 20, matur ity date occurs in the next calendar year, C on penalty will be applied to the redemption	ity date . D will be	January 4). If

5 .	Deliv	very Method (Choose only one of the following.)										
	A	First-class mail. Check will be mailed via USPS.										
	В.	Priority delivery. Not available for P.O. boxes or non-street addresses.										
		A transaction charge of \$15 will be applied to your Account. Your distribution check should be received within three (3) business days of the execution of your trade date (no Saturday or holiday delivery).										
	C	By Automated Clearing House (ACH) to Bank Account of Account Owner or Beneficiary.										
		Important: Electronic payment by ACH is available only if you already have established this service for your Account. It may take two (2) to five (5) business days for the proceeds of the withdrawal to transmit to your bank account. If the service has not been established for at least fifteen (15) calendar days, your withdrawal will require the Account Owner's notarized signature in Section 7. To establish ACH bank services now, fill out the information below:										
		Bank information. ACH can only be made through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.										
		Important: By signing this form, you agree and confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.										
		Bank Name										
		Bank Registration (Name on bank account)										
		Bank Routing Number Bank Account Number										
		Account Type Checking Savings										
		Note: The routing number is usually located on the bottom left corner of your checks. You can also ask your bank for the routing number.										
	D	Account Owner or Beneficiary Alternate Mailing Address. The Account Owner's notarized signature in Section 7 is required for this option.										
		Mailing Address										
		City State Zip Code										

6. Signature — YOU MUST SIGN BELOW

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 that either the Account Owner or Beneficiary, as applicable, will be responsible for reporting any withdrawals on their applicable tax return for the year of withdrawal and I understand that the amount withdrawn may be reported to my financial aid office. I understand that 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 Direct *Offering Statement and Participation Agreement*. I further certify that both my Social Security Number and that of the Beneficiary set forth in **Sections 1** and **2** are true, correct, and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

SIGNATURE
Signature of Account Owner
(continued on next page.)



7. Signature and notarization—YOU MUST SIGN BELOW

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 the Account Owner's Address of Record.
- 3) Establishing a new bank account within the last 15 days.

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

SIGNATURE		
Signature of Account Owner		Date (mm/dd/yyyy)
Before me, a Notary Public in and for County acknowledged before me on Full Date correctness of the signature above.	State	, this document was
SIGNATURE Signature of Notary		Date (mm/dd/yyyy)
Name of Notary (first, middle initial, last)		
My commission expires:		
		Notary to place seal here
		Applies to signature in Section 7 .

