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
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

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Account Number

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Social Security Number or Taxpayer Identification Number ***(Required)***

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Name of Account Owner *(first, middle initial, last)*

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

2. Beneficiary information

Name of Beneficiary *(first, middle initial, last)*

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Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

3. Reason for withdrawal *(Choose only **one** of the following six options, A through F.)*

A. ☐ **Qualified withdrawal to the Account Owner.*** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses or K-12 tuition, as defined in the CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement*. *(You will receive a check at your Address of Record unless you designate ACH in **Section 5**.)*

B. ☐ **Qualified withdrawal to the Beneficiary.*** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses or K-12 tuition. *(Beneficiary will receive a check at the Address of Record unless you designate ACH or an alternate mailing address in **Section 5**.)*

C. ☐ **Qualified withdrawal to an eligible educational institution, elementary or secondary school.*** *(Provide the exact school address below.)*

Name of Eligible Educational Institution *(Complete only if the withdrawal is to be sent directly to the school.)*

Department / Office / Contact Name

Beneficiary Student ID Number

Mailing Address

City State Zip Code —

D. ☐ **Indirect Rollover.** I will invest my withdrawal in another qualified 529 plan within the next 60 days. *(You will receive a check at your Address of Record.)*

E. ☐ **Non-qualified withdrawal to the Account Owner.**** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses or K-12 tuition. *(You will receive a check at your Address of Record unless you designate ACH in **Section 5**.)*

F. ☐ **Non-qualified withdrawal to the Beneficiary.**** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses or K-12 tuition. *(Beneficiary will receive a check at the Address of Record unless you designate ACH or an alternate mailing address in **Section 5**.)*

* 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.

4. Amount of withdrawal *(Choose **one**, A through D.)*

A. ☐ **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Plan (AIP) *(if applicable)*, and close this Account.

Important: If you contribute to your Account through payroll deduction, you must notify your employer to cancel these contributions.

B. ☐ **Partial amount of** $ ☐☐☐,☐☐☐.☐☐.

Withdraw this amount proportionately from among my current Investment Options. (Any CD holdings will not be included. If the amount you indicate exceeds the amount available, CollegeAdvantage Direct will liquidate the entire balance, discontinue your AIP, and close your Account. If any open CDs remain in your account, we will not close the Account.)

C. ☐ **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Full Name of Investment Option	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
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	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

D. ☐ **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 Fifth Third 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 Fifth Third 529 Savings Account.

CD Certificate Number	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

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 years (i.e. withdrawal request received December 20, maturity date January 4). If the 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.

5. Delivery Method *(Choose only one of the following.)*

A. ☐ **First-class mail.** Check will be mailed via USPS.

B. ☐ **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

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Date *(mm/dd/yyyy)*

(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

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Date *(mm/dd/yyyy)*

Before me, a Notary Public in and for _____ (County), _____ (State), this document was acknowledged before me on _____ (Full Date), by _____ (Current Account Owner) who certifies the correctness of the signature above.

SIGNATURE
Signature of Notary

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Date *(mm/dd/yyyy)*

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Name of Notary *(first, middle initial, last)*

My commission expires:

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Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 7.**

Ohio's 529 COLLEGE ADVANTAGE