## 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.

**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

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

For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 920 Main Street, Suite 900 Kansas City, MO 64105

Account Owner Information			
Account Number	Social Security Number or Taxpayer Identification Number (Required)		
Name of Account Owner (first, middle initial, last)			

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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

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

ount of withdrawal (Choose one, A through D.)		
Full balance. Withdraw the entire amount held in a Investment Plan (AIP) (if applicable), and close this A	• • • • • • • • • • • • • • • • • • • •	continue my Automatic
<b>Important:</b> If you contribute to your Account through these contributions.	h payroll deduction, you must notify your employ	yer to cancel
Partial amount of \$,	CollegeAdvantage Direct will liquidate the entire	
Partial amount as follows.		
<b>Important:</b> If the dollar amount you indicate for a pa we will liquidate the entire balance of that Investme		available for withdrawal,
Full Name of Investment Option	<b>Dollar amount</b> (For partial amounts.)	OR Total balance (Check if applicable.)
	\$	
	\$	
	\$	
	s	
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	\$	
CD Liquidation. (Complete only if you are liquidating Note: CDs are automatically redeemed at maturity at Account, which was established for you when the CD CD before at least half the stated term is over, or a 12 lose all interest accrued and possibly part of your primaturity date of your CD. If you do not request 100% Savings Account.	and the redemption value of the CD is put into a FD was opened. Early redemption penalty: If you r 2- to 144-month CD before at least a third of the ncipal. Call us at <b>1-800-AFFORD-IT</b> (233-6734)	edeem a 3- to 11- month term is over, you may if you do not know the
CD Certificate Number	<b>Dollar amount</b> (For partial amounts.)	OR Total balance (Check if applicable.)
	\$	
	\$	
Since you are requesting a withdrawal from a 529 to proceed.	CD that has not yet matured, we need your in	structions as to how
Process with early redemption penalty.		
Hold and process at maturity. Maturity date rethis form and cannot cross calendar years (i.e. with the maturity date is more than 30 days away or receipt of this form, and any applicable early rede	ithdrawal request received December 20, matur	ity date January 4). If D will be liquidated upon

Defivery Welliou (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 Saturd holiday delivery).	ay or
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 take two (2) to five (5) business days for the proceeds of the withdrawal to transmit to your bank account. If the service not been established for at least fifteen (15) calendar days, your withdrawal will require the Account Owner notarized signature in Section 7. To establish ACH bank services now, fill out the information below:	e has
<b>Bank information.</b> ACH can only be made through accounts held by a U.S. bank, savings and loan association, or cred union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash manage accounts offered through non-bank financial companies cannot be used.	
<b>Important:</b> By signing this form, you agree and confirm that your ACH transactions will not involve a bank or other finar 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  Account Type (Check One): 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	nber.
D. Account Owner or Beneficiary Alternate Mailing Address. The Account Owner's notarized signature in Section 7 required for this option.	'is
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.)

#### DO NOT STAPLE

### 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)
STATE OF)	
)ss.:	
COUNTY OF )	
This document was acknowledged before me on (date) by (name of Account Owner), who certifies the correctness of the signature of the	Account Owner.
SIGNATURE Signature of Notary	
Name of Notary (first, middle initial, last)	
My commission expires:	
	Notary to place seal here
	Applies to signature in <b>Section 7.</b>

