

2. Beneficiary information

Grid for Name of Beneficiary (first, middle initial, last)

Name of Beneficiary (first, middle initial, last)

Grid for Beneficiary Social Security Number or Taxpayer Identification Number

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...
B. Qualified withdrawal to the Beneficiary...
C. Qualified withdrawal to an eligible educational institution...
D. Indirect Rollover...
E. Non-qualified withdrawal to the Account Owner...
F. Non-qualified withdrawal to the Beneficiary...

* 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 <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (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.

- 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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

(continued on next page.)

