

# MOST—Missouri's 529 Savings Plan

## Withdrawal Request Form



- You can also request a withdrawal online at [www.missourimost.org](http://www.missourimost.org).
- Complete this form to request a qualified withdrawal or nonqualified withdrawal from your account. You must submit a separate form for each type of withdrawal you are requesting. **Note:** The earnings portion of a nonqualified withdrawal is subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. **State tax treatment of K-12 withdrawals is determined by the state(s) where the taxpayer files state income tax. If you are not a Missouri taxpayer, please consult with a tax advisor.**
- Contributions and rollovers by check, automatic investment plan (AIP), and electronic bank transfer (EBT) won't be available for withdrawal for seven business days. Refer to the MOST—Missouri's 529 Savings Plan Program Description, Privacy Policy, and Participation Agreement for more information.
- If you make a change to the account owner's address, the withdrawal will be processed on the appropriate trade date, but the proceeds of the withdrawal will be held for nine business days from the date of the change before being mailed to the new address.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at [www.missourimost.org](http://www.missourimost.org). Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form in the enclosed postage-paid envelope, or mail to **MOST—Missouri's 529 Savings Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri's 529 Savings Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

### 1. Account Owner Information

Account Number

(required)

Social Security Number, Individual Taxpayer ID Number, or EIN

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

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Daytime Telephone Number

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Evening Telephone Number

### 2. Beneficiary Information

(required)

Social Security Number or Individual Taxpayer ID Number

Name of Beneficiary (first, middle initial, last)

Mailing Address

City

State

Zip

**REMEMBER TO SIGN IN SECTION 6.**



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### 3. Reason for Withdrawal *(Choose **only one** of the following six options.)*

- If you take a withdrawal, we'll send IRS Form 1099-Q by January 31 of the following year. If the withdrawal is sent to the account owner, Form 1099-Q will be sent out under the account owner's Social Security number, individual taxpayer ID number, or EIN. If the withdrawal is sent to the beneficiary or directly to the school, Form 1099-Q will be sent out under the beneficiary's Social Security or individual taxpayer ID number.

- 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. *(You will receive a check at your address of record.)*
- 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. *(The beneficiary will receive a check at the address you indicated in **Section 2**.)*
- C. ☐ **Qualified withdrawal to an eligible college, university, elementary or secondary school.** *(Provide the **exact** school address below.)*

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

Department/Office

Student ID *(A student identification number may be required by some colleges and universities.)*

Mailing Address

City

State

Zip

 -  - 

Telephone Number

- D. ☐ **Indirect rollover.** Send a check to me at my address of record. I will invest it in another qualified 529 plan within the next 60 days.
- E. ☐ **Nonqualified 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.)*
- F. ☐ **Nonqualified withdrawal to the beneficiary.\*\*** My withdrawal will **not** be used to pay for the beneficiary's qualified higher-education expenses or K–12 tuition. *(The beneficiary will receive a check at the address you indicated in **Section 2**.)*

\*The IRS may require you to prove that your withdrawal is qualified. Consult the IRS or your tax advisor for current documentation requirements.

\*\*The earnings portion of a distribution not used for a beneficiary's qualified higher-education expenses or K–12 tuition is considered a nonqualified withdrawal and is subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Exceptions to this penalty include withdrawals made because the beneficiary has become disabled, received a tax-free scholarship, attended a U.S. military academy, or died. Contact your tax advisor about how to report a nonqualified withdrawal.

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

- A. ☐ **First-class mail.** Check will be mailed via U.S. Postal Service.
- B. ☐ **Priority delivery.**
- Not available for P.O. boxes or nonstreet addresses.
  - A transaction charge of \$15 will be applied to your account.
  - Your withdrawal check will be sent via priority delivery after your withdrawal request has been processed (no Saturday or holiday delivery). A withdrawal request normally takes 3–5 business days to process if received in good order before the close of the New York Stock Exchange (usually 4 p.m., Eastern time).

**5. Amount of Withdrawal** (Check one.)

Contributions and rollovers by check, automatic investment plan (AIP), or electronic bank transfer (EBT) will not be available for withdrawal for seven business days. We will process the withdrawal on the appropriate trade date, but will not send proceeds from the withdrawal request until the money has been collected.

- A. ☐ **Total account balance.** Withdraw the entire amount held in all of the investment options in my account, cancel my AIP (if applicable), and close this account. *(If you contribute to your account through automatic payroll direct deposit, you must notify your employer to cancel those contributions.)*
- B. ☐ **Partial amount of \$**  **taken proportionately from among my current investment options.**
- C. ☐ **Partial amount as follows.** *(To list more than five investment options, provide the information on a separate sheet.*  
**Important:** *If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, the plan will liquidate the entire balance of that investment option.)*

Name of Investment Option	Dollar Amount (for partial amounts)	OR	Total Balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Signature—YOU MUST SIGN BELOW**

I certify that I have read the Program Description, Privacy Policy, and Participation Agreement and understand the rules and regulations governing withdrawals from MOST—Missouri's 529 Savings Plan.

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**Signature of Account Owner**

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**Date (month, day, year)**

