## **PFD Refund**

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- Use this form to request a refund of a PFD contribution within 90 days of the initial contribution made into a University of Alaska Portfolio.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

**Important:** If no prior Account Agreement is on file with the Plan, the Account Owner is allowed up to 90 days from the date of the confirmation of the PFD contribution to request a refund in the amount of the initial contribution. An Account Owner is only eligible for such 90-day refund for the PFD contribution that establishes an Account. The entire PFD contribution will be refunded and mailed to the address below.

Check here if this is a new address that should be updated on the Account.



## 1-888-425-2752

Monday - Friday 7 a.m. to 6 p.m. Alaska Time



Alaska529plan.com

Regular mailing address:

Alaska 529 PO Box 219865 Kansas City, MO 64121

Overnight mailing address:

Alaska 529 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

PFD RECIPIENT	
PFD Recipient (First name) (Required)	(M.I.)
PFD Recipient (Last name) (Required)	
Social Security or Taxpayer Identification Number ( <i>Required</i> )	Birth Date (mm-dd-yyyy) (Required)
PFD Recipient Telephone Number	
U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)	
City	State Zip Code



PFD Sponsor (First name) (Required)				
PFD Sponsor (Last name) (Required)				
PFD Sponsor Social Security Number (Last four digits) (Require	red)			
PFD Sponsor Telephone Number				
SIGNATURE AND AUTHORIZATION				
• I certify that all of the information provided by n	ne on this form is accurate and c	omplete.		
I, the PFD recipient (PFD sponsor if PFD recipi		•	) contribution be refunde	od
instead of applied to an Alaska 529 Account. I				
that I was the PFD sponsor for that dividend.	Č			
SIGNATURE Signature of Account Owner		Date /m		L
Signature of Account Owner		Date (III	III-uu-yyyy	
Notarization				
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