

3. Withdrawal Details (Choose **only one** of the following) (Required)

Important: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your Account online or download the **Account Features Form** at **Alaska529plan.com**.

A. **Withdrawal to the Account Owner** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

Withdrawal Type (Choose only one of the following options.)

- Qualified education expenses
- K-12 expenses
- Student loan repayment
- Apprenticeship expenses
- Nonqualified

B. **Withdrawal to the designated Beneficiary** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

Withdrawal Type (Choose only one of the following options.)

- Qualified education expenses
- K-12 expenses
- Student loan repayment
- Apprenticeship expenses
- Nonqualified

Note: The withdrawal will be sent to the Beneficiary's address on record.

C. **Withdrawal to a college or university only.** A check will be sent to the school address you provide below. (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.) You can also request an ACH payment to most colleges or universities by processing this withdrawal online. (A fee may be assessed for the ACH payment to a college or university.)

Note: An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. Please visit <https://studentaid.gov/fafsa-app/FSCsearch> to determine if the school is an Eligible Educational Institution.

Eligible Educational Institution Name (School)

Department/Office/Contact Name (if applicable)

Mailing Address

City

State

-

Zip Code

Beneficiary's Student ID (Required)

D. **Withdrawal to the University of Alaska.** Please provide the information below to have your withdrawal sent via electronic transfer to a UA. *(The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)*

Important Benefit: Participants listed for the preceding two years on an active Account and attending the University of Alaska may be eligible for tuition at the in-state rate.

UA Campus

Semester

Year

Beneficiary's Student ID **(Required)**

UA PORTFOLIO TUITION-VALUE GUARANTEE

The UA Tuition-Value Guarantee (Guarantee) ensures that the earnings on your University of Alaska Portfolio Account keep pace with tuition at UA. We will calculate your Guarantee based on the amount of tuition charged for the semester provided above. Registration verification will occur on the day your withdrawal request is received in good order. Review the following guidelines:

- Withdrawals that include any Guarantee must be sent either directly to UA via electronic transfer or by check made payable to UA FBO the Beneficiary.
- For current or upcoming semesters, Beneficiaries must be registered at the time of the withdrawal request. If the Beneficiary is not registered for the indicated semester, the withdrawal will be processed at market value and will not be eligible for any Guarantee.
- Courses in which a Beneficiary is registered as "waitlisted" will be eligible for the Guarantee.
- Prior-semester requests eligible for any Guarantee are limited to the amount of tuition charged for the semester immediately preceding the semester in which the withdrawal is requested.
- If you request an amount greater than that which is charged by UA for tuition, the Guarantee will be based on the actual amount of tuition charged and the overage will be paid at market value without any Guarantee.
- Withdrawal requests that are less than the actual amount of tuition charged by UA will be calculated on the requested amount.
- If the Beneficiary is receiving a scholarship or waiver of tuition at UA, University of Alaska Credits may be redeemed at the UA Tuition-Value up to the amount of tuition charged.

E. **Indirect rollover.** A check will be sent to you at your address of record. You must invest this withdrawal in another 529 plan within the next 60 days. *(The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q.)*

Important: If you do not invest this withdrawal in another 529 plan within 60 days, it will be considered a Nonqualified Withdrawal and may be subject to taxes and penalties.

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

- A. **First-class mail.** Check will be mailed via USPS.
- B. **Expedited delivery.** (Not available for non-street addresses such as P.O. Boxes. A transaction charge will be applied to your Account.)
- C. **By Automated Clearing House (ACH) to bank account.** *(Already on file.)*

Only available for withdrawal requests to Account Owner or Qualified Withdrawal to the Beneficiary. Nonqualified Withdrawal to the Beneficiary must be sent via check. The tax responsible party of this withdrawal must be an owner of the bank account listed.

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

5. Amount of Withdrawal (Choose *only one* of the following.)

A. **Full Balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contribution (if applicable), and close this Account.

B. **Partial Fund Specific.** Withdraw from my current Investment Options as outlined below.

If the amount you indicate for a particular Investment Option exceeds its balance as of the previous business day, we will withdraw the entire balance of that Investment Option.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<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="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="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="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="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="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="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="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

6. Signature and Certification — YOU MUST SIGN BELOW

By signing this form, I authorize this withdrawal and understand and hereby certify that:

- The information in this form is accurate. As described in the Plan Disclosure Document, I agree to hold harmless the Trustee, the University, the Board, the Trust, and the Plan as well as Alaska 529, and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- If this withdrawal is for Qualified Expenses, I further certify that the requested withdrawal represents Qualified Expenses as defined in the Plan Disclosure Document. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawal for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Disclosure Document.
- If this withdrawal is being sent by ACH to a bank account, I certify that the recipient of the withdrawal, as indicated in **Section 3**, is also an owner of the bank account.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the withdrawal amount, unless I notify my employer to stop my payroll direct deposit.
- For Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Custodian of this Account and that this withdrawal is authorized under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For entity Accounts, I certify I am authorized by the entity Account Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.
- If I am requesting expedited delivery, I understand that an additional fee will be charged as described in the Plan Disclosure Document.
- I understand that state tax treatment may vary even if the withdrawal is considered qualified on the federal level and not taxed or penalized by the IRS.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this withdrawal for tax purposes.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am requesting a full withdrawal of my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

If this form requires a Medallion signature guarantee, do not sign below, proceed to Medallion signature guarantee section.

SIGNATURE
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
Date (mm-dd-yyyy)

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is \$100,000 or more, a Medallion signature guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been recently added to your Account, a hold will be placed on the issuance of this withdrawal until 15 calendar days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- If the address on your Account has recently changed, a hold will be placed on the issuance of this withdrawal until 10 business days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion signature guarantee will be provided.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Alaska 529 Plan Disclosure Document.

SIGNATURE
Signature of Account Owner or Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm-dd-yyyy)

Authorized Officer to place stamp here

7. CONSENT OF PURCHASER AND ALTERNATE BENEFICIARIES

University of Alaska Portfolio Accounts with an Account number smaller than 6655 that have an identified Purchaser and/or alternate Beneficiary must have all parties consent by signing below.

Purchaser Consent

By signing below, I hereby consent to and authorize this withdrawal. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.

SIGNATURE

Signature of Purchaser

MM - DD - YYYY

Date (mm-dd-yyyy)

Print Name

Alternate Beneficiary Consent

By signing below, I hereby consent to and authorize this withdrawal. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

SIGNATURE

Alternate Beneficiary or Legal Guardian

MM - DD - YYYY

Date (mm-dd-yyyy)

Print Name of Alternate Beneficiary or Legal Guardian

SIGNATURE

Alternate Beneficiary or Legal Guardian

MM - DD - YYYY

Date (mm-dd-yyyy)

Print Name of Alternate Beneficiary or Legal Guardian

SIGNATURE

Alternate Beneficiary or Legal Guardian

MM - DD - YYYY

Date (mm-dd-yyyy)

Print Name of Alternate Beneficiary or Legal Guardian