DO NOT STAPLE

Arkansas Brighter Future Direct Plan

Withdrawal Request Form

- Complete this form to request a full or partial qualified or non-qualified withdrawal from your Arkansas Brighter Future Direct Plan account. You must submit a separate form for each type of withdrawal you are requesting. 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.

  Note: You can also request a qualified withdrawal online at **www.BrighterFutureDirect529.com**.
- We are required to file IRS Form 1099-Q annually if you take a withdrawal from your Arkansas Brighter Future Direct Plan account.
- We may not distribute money until we have collected it and there is a minimum period of ten (10) days that each contribution must be on deposit with the Arkansas Brighter Future Direct Plan. For example, if you contribute to an account by check, we may not distribute that money until the check has cleared and the money is in your account.
- If the address to which you've requested the withdrawal be sent has changed in the last fifteen (15) days, your withdrawal will be held until this waiting period has been satisfied.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureDirect529.com**, or you can call us to order any form – or request assistance in completing this form at **1.800.587.7301** any business day from 9:00 a.m. to 8:00 p.m. ET.

Mail this form and any other required documents to:
Arkansas Brighter Future Direct Plan
P.O. Box 219376
Kansas City, MO 64121-9376

For overnight delivery or registered mail, send to:
Arkansas Brighter Future Direct Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner Information

Account Number

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

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2. Designated Beneficiary Information

Name of Designated Beneficiary *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number ***(required)***

Mailing Address

City | State | Zip

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

A. ☐ **Qualified withdrawal to the account owner.*** My withdrawal will be used to pay for the designated beneficiary's qualified higher education expenses. *(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 designated beneficiary's qualified higher education expenses. *(The beneficiary will receive a check at the address you indicated in **Section 2**.)*

C. ☐ **Qualified withdrawal to an eligible college or university.*** *(Provide the **exact** school address below.)*

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

Department/Office/Contact Name

Student ID

Address

City | State | Zip

D. ☐ **Indirect rollover.** I will invest my withdrawal in another qualified 529 plan within the next 60 days. *(You will receive a check at your address of record.)*

E. ☐ **Non-qualified withdrawal to the account owner.**** My withdrawal will not be used to pay for the designated beneficiary's qualified higher education expenses. *(You will receive a check at your address of record.)*

F. ☐ **Non-qualified withdrawal to the beneficiary.**** My withdrawal will not be used to pay for the designated beneficiary's qualified higher education expenses. *(The designated beneficiary will receive a check at the address you indicated in **Section 2**.)*

* The IRS and the Arkansas Tax Commission 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 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. Contact your tax advisor about how to report a non-qualified withdrawal. Exceptions to this penalty include withdrawals made because the beneficiary had become disabled, received a scholarship, or is attending a military academy as described in the Arkansas Brighter Future Direct Plan Program Description, or died.

4. Amount of Withdrawal *(Choose one)*

A. ☐ **Full Balance.** Withdraw the entire amount held in all of the investment options in my account, discontinue my Automatic Investment Plan *(if applicable)*, and close this account. *If you contribute to your account through payroll direct deposit, you must notify your employer to cancel these contributions.*

B. ☐ **Partial amount of** $☐☐☐,☐☐☐.☐☐ Withdraw this amount proportionately from among my current investment options. If the amount you indicate exceeds the amount available, the Arkansas Brighter Future Direct Plan will liquidate the entire balance, discontinue your Automatic Investment Plan, and close your 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.)*

Name of Investment Option	**Dollar Amount** *(for partial amounts)*	**OR**	**Total Balance** *(Check if applicable)*
	$☐☐☐,☐☐☐.☐☐		☐
	$☐☐☐,☐☐☐.☐☐		☐
	$☐☐☐,☐☐☐.☐☐		☐
	$☐☐☐,☐☐☐.☐☐		☐
	$☐☐☐,☐☐☐.☐☐		☐

5. Authorization — Account Owner MUST SIGN BELOW

Note: The information required on this form is necessary to process your withdrawal. Your withdrawal may be delayed if it is not complete.

I certify that the information provided on this form is accurate and hereby instruct the Arkansas Brighter Future Direct Plan to distribute my account as I have indicated.

➤ SIGNATURE
Account Owner's signature

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Date *(mm/dd/yyyy)*