ScholarShare College Savings Plan

Withdrawal Request Form

ScholarShare529℠

- For faster processing, you can request a withdrawal online at **ScholarShare529.com**.
- Use this form to request a full or partial Qualified Withdrawal, Non-Qualified Withdrawal or Indirect Rollover from your ScholarShare College Savings Plan Account. You must submit a separate form for each withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. State tax treatment of withdrawals for K-12 tuition expenses, apprenticeship expenses, and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the ScholarShare College Savings Plan Description or consult with a tax advisor.

  Note: You can also request a Withdrawal by telephone.
- The ScholarShare College Savings Plan is required to file IRS Form 1099-Q when you take a withdrawal from your ScholarShare College Savings Plan Account.
- A Medallion Signature Guarantee may be required. See Section 6 below.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. **Do not staple**.

1.800.544.5248
Monday to Friday 8 a.m. – 7 p.m. PT

www.ScholarShare529.com

Regular mailing address:
ScholarShare College Savings Plan
P.O. Box 219185
Kansas City, MO 64121-9185

Overnight mailing address:
ScholarShare College Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

To request assistance in completing this form call us at **1.800.544.5248**, Monday through Friday from 8 a.m. – 7 p.m. PT.

1. Account Participant Information

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Account Number

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Last 4 Digits of Account Participant Social Security Number or Taxpayer Identification Number ***(Required)***

Account Participant or Entity *(First name)* ***(Required)*** *(M.I.)*

Account Participant or Entity *(Last name)* ***(Required)***

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Telephone Number

CA WITHDRAWAL

2. Beneficiary Information

Beneficiary *(First name)* *(M.I.)*

Beneficiary *(Last name)*

Last 4 Digits of Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

3. Withdrawal Details *(Choose only one of the following A, B, C, or D.)* (***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 **ScholarShare529.com**.

Note: State tax treatment of withdrawals for K-12, apprenticeship expenses and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Plan Description or consult with a tax advisor.

Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Withdrawals will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.

A. ☐ **Withdrawal to the Account Participant.** (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 for higher-education expenses
- ☐ K-12 Tuition Expenses
- ☐ Student Loan Repayment Services
- ☐ Apprenticeship
- ☐ Non-qualified

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 for higher-education expenses
- ☐ Non-Qualified

C. ☐ **Withdrawal to an eligible university only.** *(Provide the exact school address below.) (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)*

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

Eligible Educational Institution Name *(School)*

Department/Office/Contact Name

Mailing Address

City State Zip Code

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

D. ☐ **Withdrawal to a Third Party.** *(An MSG is required for withdrawals over $10,000).*

Note: For Third party withdrawals a 1099-Q will be sent to the participant.

☐ Qualified for higher-education expenses

☐ K-12 Tuition Expenses

☐ Apprenticeship

☐ Student Loan Repayment

Third Party Payee

Mailing Address

City State Zip Code

Memo Line *(if applicable)*

E. ☐ **Indirect rollover.** I will invest my withdrawal in another 529 plan within the next 60 days. *(You will receive a check at your address of record.) (The Account Participant will be the tax responsible party who will receive the IRS Form 1099-Q).*

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

A. ☐ **First-class mail.** Check will be mailed via USPS. Checks payable to the Account Owner or Beneficiary will be mailed to the address on record.

B. ☐ **Expedited delivery.** *(Not available for P.O. Boxes, non street addresses. A transaction charge of $25 will be applied to your account.) Checks payable to the Account Owner or Beneficiary will be mailed to the address on record.*

C. ☐ **By Automated Clearing house (ACH) to Bank Account.** *(already on file).* Only available for withdrawal requests to the Account Owner or Qualified withdrawals to the Beneficiary. Non-Qualified withdrawals to the Beneficiary must be sent via check.

Please confirm bank information on file:

Bank Name Last four digits of Bank Account Number

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

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

B. ☐ **Partial Pro-Rated amount.**

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Dollar Amount

Withdraw this amount pro-rated from among my current Investment Portfolios. If the amount you indicate exceeds the amount available, ScholarShare College Savings Plan will liquidate the entire balance, discontinue your Recurring Contribution, and close your Account.

C. ☐ **Partial Fund Specific.**

Important: If the dollar amount you indicate for a particular Investment Portfolio exceeds the amount available for withdrawal as of the previous business day, we will liquidate the entire balance of that Investment Portfolio.

Name of Investment Portfolio	**Dollar amount** *(For partial amounts.)*	**OR**	**Total balance** *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
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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 below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form and outlined in the Plan Description.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. 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, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Description.
- 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 Portfolios) 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 deduction, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated **Payroll Direct Deposit Form** accompanies this form or I notify my employer to stop my payroll deduction.
- Reimbursement for elementary or secondary tuition payments may be sent to the Account Participant or Designated Account Beneficiary only.
- For Minor Trust Accounts, including Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, 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, including Minor Trust accounts with a minor as the Beneficiary I certify I am authorized by the entity Account Participant 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 this form requires a Medallion Signature Guarantee, do not sign below, proceed to Medallion Signature Guarantee section.

SIGNATURE

Signature of Account Participant

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Date *(mm-dd-yyyy)*

Medallion Signature Guarantee — REQUIRED IF THE ADDRESS OR BANK INFORMATION ASSOCIATED WITH THIS WITHDRAWAL HAS BEEN UPDATED DURING THE SCHOLARSHARE COLLEGE SAVINGS PLAN DESIGNATED HOLD PERIOD OR FOR WITHDRAWAL REQUESTS OVER $100,000.

- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If a withdrawal request is $100,000 or more, a Medallion Signature Guarantee must be provided below.
- 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 ScholarShare College Savings Plan Description.

SIGNATURE

Signature of Account Participant

SIGNATURE

Signature Guarantor

Title

Name of Institution

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Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here