



DC College Savings Plan
Withdrawal Request Form

- Use this form to request a full or partial Qualified or Non-Qualified Withdrawal from your DC College Savings Plan Account or an indirect rollover. You must submit a separate form for each type of withdrawal you are requesting.
We are required to file IRS Form 1099-Q if you take a withdrawal from your DC College Savings Plan Account.
A contribution must be invested with the DC College Savings Plan for a period of 10 business days prior to withdrawal.
If the address on your Account has changed within the last 10 business days, this Withdrawal Request Form must be Medallion Signature Guaranteed in Section 5 to waive this.
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 address listed. Do not staple.

1.800.987.4859
8 a.m. to 8 p.m. Eastern Time M-F

www.dccollegesavings.com

clientservice@dccollegesavings.com

Regular mailing address:
DC College Savings Plan
P.O. Box 55012
Boston, MA 02205-5012

Overnight mailing address:
DC College Savings Plan
95 Wells Ave, Suite 155
Newton, MA 02459-3204

Forms can be downloaded from our website at www.dccollegesavings.com, or you can call us to order any form—or request assistance in completing this form—at 1.800.987.4859 any business day from 8 a.m. to 8 p.m. Eastern time.

1. Account information

Account Number

Account Owner Social Security Number or Taxpayer Identification Number (Required)

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

Telephone Number (In case we have a question about your Account.)

Name of Beneficiary (first, middle initial, last)

Beneficiary Social Security Number or Taxpayer Identification Number (Required)



2. Reason for withdrawal *(Choose only one of the following options.)*

- A. **Qualified Withdrawal to the Account Owner.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Program Disclosure Booklet. *(You will receive a check at your address of record.)*
- B. **Qualified Withdrawal to the Bank Account of the Account Owner.** My withdrawal will be used to pay for the Beneficiary's Qualified Expenses, as defined in the Program Disclosure Booklet. My withdrawal should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with the DC College Savings Plan. *(You cannot change or add banking instructions at the same time of the withdrawal request via EFT.)*
- C. **Qualified Withdrawal to the Beneficiary.** My withdrawal will be used to pay for the Beneficiary's Qualified Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*

- D. **Qualified Withdrawal to an eligible college or university.** *(Provide the exact school address below.)*

[Grid of 32 boxes for Name of School]

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

[Grid of 32 boxes for Department / Office / Contact Name]

Department / Office / Contact Name

[Grid of 32 boxes for Beneficiary's Student ID]

Beneficiary's Student ID

[Grid of 32 boxes for Mailing Address]

Mailing Address

[Grid of 16 boxes for City]

City

[Grid of 2 boxes for State]

State

[Grid of 6 boxes for Zip Code]

Zip Code

- E. **Qualified Withdrawal for K-12 Tuition.** My withdrawal will be used to pay for the Beneficiary's K-12 Tuition Expenses, as defined in the Program Disclosure Booklet. *(You will receive a check at your address of record.)*
- F. **Qualified Withdrawal for Apprenticeship Program Expenses.** My withdrawal will be used to pay for the Beneficiary's Apprenticeship Program Expenses, as defined in the Program Disclosure Booklet. *(You will receive a check at your address of record.)*
- G. **Qualified Withdrawal for Education Loan Repayment.** My withdrawal will be used for an Education Loan Repayment, as defined in the Program Disclosure Booklet. *(You will receive a check at your address of record.)*
- H. **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.)*
- I. **Non-Qualified Withdrawal to the Account Owner.** My withdrawal will not be used to pay for the Beneficiary's Qualified Expenses. *(You will receive a check at your address of record.)*
- J. **Non-Qualified Withdrawal to the Beneficiary.** My withdrawal will not be used to pay for the Beneficiary's Qualified Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*

3. Amount of withdrawal *(Choose one.)*

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

Important: 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 Portfolios. If the amount you indicate exceeds the amount available, the DC College Savings Plan will liquidate the entire balance, discontinue your Recurring Contributions, and close your Account.

C. **Partial amount as follows.**

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

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

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the DC College Savings Plan Program Disclosure Booklet and understand the rules and regulations governing withdrawals from my DC College Savings Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the DC College Savings Plan to distribute my Account as I have indicated.
- By signing below, I authorize the DC College Savings Plan or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address, I cannot withdraw funds for 10 business days after the change without the Medallion Signature Guarantee.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal income tax and an additional 10% federal penalty tax, and may be subject to state income tax. I understand that Non-Qualified Withdrawals due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may not be subject to an additional 10% federal penalty tax. Further, I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I took a state income tax deduction or received a credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is an UGMA/UTMA Account, I certify that I am authorized to act on behalf of the Account in question, and that this request is in the best interest of the Beneficiary.

If this form requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this withdrawal.

SIGNATURE
Signature of Account Owner

□□ — □□ — □□□□
Date (mm/dd/yyyy)

5. Medallion Signature Guarantee — REQUIRED IF THE ADDRESS HAS CHANGED WITHIN THE LAST 10 BUSINESS DAYS AND YOU WOULD LIKE TO WAIVE THE 10 BUSINESS DAY HOLD PERIOD FOR THIS WITHDRAWAL REQUEST.

- You must provide the following information as underwritten certification that the Account Owner 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 above until you are in the presence of the authorized Authorized Officer the Medallion Signature Guarantee.**

SIGNATURE
Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Authorized Officer to place stamp here