

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

Contributions and rollovers by check, AIP or EBT will not be available for withdrawal for five business days. However, withdrawals by EBT *(requested by phone or online only)* will not be available for 15 calendar days after bank information has been added or changed.

A. ☐ **Total account balance.** Withdraw the entire amount held in all of the investment options in my account, discontinue my AIP *(if applicable)* and close this account. *(If you contribute to your account through automatic payroll deduction, you must notify your employer to cancel those contributions.)*

☐ Check this box to keep your account open for future contributions and continue your AIP *(if applicable)*.

B. ☐ **Partial amount of \$** **proportionately from among my current investment options.**

C. ☐ **Partial amount as follows.** *(To list more than five investment options, please use a separate sheet. **Important:** If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, the Plan will liquidate the entire balance of that investment option.)*

Name of Investment Option	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 type="text"/>		<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 type="text"/>		<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 type="text"/>		<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 type="text"/>		<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 type="text"/>		<input type="checkbox"/>

6. Signature—YOU MUST SIGN BELOW

I certify that I have received and read the ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing ISave 529.

➤
Signature of Account Owner

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Date *(mm-dd-yyyy)*