ISave 529™

Withdrawal Request Form



- You can also request a withdrawal online at ISave529.com.
- Complete this form to request an indirect rollover, qualified withdrawal or nonqualified withdrawal from your account. Submit a separate
 form for each type of withdrawal you are requesting. Note: The earnings portion of a nonqualified withdrawal may be subject to federal
 income tax and a 10% federal penalty tax, as well as state and local income taxes. Please refer to the ISave 529 Program Description for
 more information on what is considered a qualified expense.
- Contributions and rollovers by check, automatic investment plan (AIP) or electronic bank transfer (EBT) will not be available for withdrawal
 for five business days. Refer to the ISave 529 Program Description and Privacy Policies for more information.
- If you make a change to the Account Owner's address, withdrawals will be processed on the appropriate trade date, but the proceeds of the withdrawal will be held for nine business days from the date of the change before being mailed to the new address.
- Print clearly, preferably in capital letters and black ink.

Return this form to:

ISave 529

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m. - 8 p.m. Central Time.

ISave 529

For overnight delivery or registered mail, send to:

P.O. Box 219219 1001 E 101st Terrace, Suite 200 Kansas City, MO 64121-9219 Kansas City, MO 64131 **Account Owner Information** Account Number (Required) Last 4 Digits of Social Security Number, Individual Taxpayer ID Number or EIN (Required) Name of Account Owner (first, middle initial, last) (Required) Daytime Telephone Number **Evening Telephone Number Beneficiary Information** Last 4 Digits of Social Security Number, Individual Taxpayer ID Number or EIN (Required) Name of Beneficiary (first, middle initial, last) (Required) Mailing Address City State Zip Code

REMEMBER TO SIGN IN SECTION 6.



A	Yes. This is a qualified distribution for higher education expenses.				
В.	Yes. This is a qualified distribution for K–12 tuition expenses. Are the K–12 tuition expenses for enrollment or attendance at a school in lowa?* Yes No				
C .	No. My withdrawal will not be used to pay for the Beneficiary's qualified higher-education or K–12 tuition expense (You will receive a check at your address of record.)	S.**			
Metl	hod of Withdrawal (Choose ONLY ONE of the following five options.)				
Owne withd	take a withdrawal, we will send IRS Form 1099-Q by January 31 of the following year. If the withdrawal is sent to the present of the sent out under the Account Owner's Social Security number, individual taxpayer ID number or Elrawal is sent to the Beneficiary or directly to the school, Form 1099-Q will be sent out under the Beneficiary's Social Socia	IN. If t			
Α.	Payment to the Account Owner. My withdrawal will be used to pay for the Beneficiary's qualified higher-educat expenses.***	ion			
B.	Payment to the Beneficiary. My withdrawal will be used to pay for the Beneficiary's qualified higher-education expenses.** (The Beneficiary will receive a check at the address you indicated in Section 2.) This option is not available for K–12 expenses				
C .	Qualified withdrawal to an eligible college, university or elementary or secondary school.*** (Provide the exa				
	school address below. Please verify this address with the school, if necessary.)***				
	school address below. Please verify this address with the school, if necessary.]*** Name of School (Complete only if the withdrawal is to be sent directly to the school.)				
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	Name of School (Complete only if the withdrawal is to be sent directly to the school.) Department/Office				
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	Name of School (Complete only if the withdrawal is to be sent directly to the school.) Department/Office Student ID (A student identification number may be required by some colleges and universities.)				
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D.	Name of School (Complete only if the withdrawal is to be sent directly to the school.) Department/Office Student ID (A student identification number may be required by some colleges and universities.) Mailing Address City State Zip Code				
D	Name of School (Complete only if the withdrawal is to be sent directly to the school.) Department/Office Student ID (A student identification number may be required by some colleges and universities.) Mailing Address City State Zip Code Telephone Number Indirect rollover. Send a check to me at my address of record. I will invest it in another qualified 529 plan or in an				

3. Type of Withdrawal

^{*} Withdrawals can be used to pay for qualified K–12 tuition expenses up to \$10,000 per year, per student, in the aggregate across all qualified tuition programs for a designated Beneficiary and are not subject to federal tax. For lowa state income tax purposes, a withdrawal for payment of K–12 tuition expenses at (i) a K–12 school in the State of lowa that is not accredited under lowa Code Section 256.11 or does not adhere to the provisions of the federal Civil Rights Act of 1964 and lowa Code Chapter 216, or (ii) a K-12 school located outside the State of lowa that does not educate a Beneficiary who meets the definition of "children requiring special education" in lowa Code Section 265B.2, or is not accredited under the laws of the state in which it is located or does not adhere to the Federal Civil Rights Act of 1964 and applicable state law analogous to lowa Code Chapter 216, will be treated as a non-qualified withdrawal and taxed as income to the extent previously deducted as a contribution to ISave 529. State tax treatment of K–12 withdrawals is determined by the state(s) where the taxpayer files state income tax. If you are not an lowa taxpayer, please consult with a tax advisor.

^{**}The earnings portion of a distribution not used for a Beneficiary's qualified higher-education expenses or K–12 tuition is considered a nonqualified withdrawal and is subject to federal income tax and a 10% federal penalty tax, and may be subject to state and local income taxes. For lowa state income tax purposes, nonqualified withdrawals are taxed as income to the extent previously deducted as a contribution to ISave 529. Exceptions to this penalty include withdrawals made because the Beneficiary has become disabled, received a tax-free scholarship, attended a U.S. military academy or died. Contact your tax advisor about how to report a nonqualified withdrawal.

^{***} The IRS may require you to prove that your withdrawal is qualified. Consult the IRS or your tax advisor for current documentation requirements.

	re amount held in all of the investment options in my a ntribute to your account through automatic payroll dec		
Check this box to keep your account open. Partial amount of \$	en for future contributions and continue your AIP (if ap		estment options.
	han five investment options, please use a separate she ent option exceeds the amount available for withdraw		
Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
	\$		
	\$		
	\$		
	\$		
	\$		
Signature—YOU MUST SIGN BELOW			
	Program Description and Privacy Policies and unders	tand the r	ules and regulatior
SIGNATURE	Date (mm-dd-vy		