

# IDEal – Idaho College Savings Program Distribution Request Form



- Complete this form to request a full or partial qualified or non-qualified distribution from your IDEal account. You must submit a separate form for each type of distribution you are requesting. The earnings portion of non-qualified distributions 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 distribution online at [www.idsaves.org](http://www.idsaves.org).

- We are required to file IRS Form 1099-Q annually if you take a distribution from your IDEal account.
- There is a minimum period of ten (10) days that each contribution must be on deposit with IDEal prior to distribution. In addition, 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 distribution be sent has changed in the last fifteen (15) days, your distribution will be held until this waiting period has been satisfied.
- Print clearly, preferably in capital letters and black ink. Do not staple.

Forms can be downloaded from our website at [www.idsaves.org](http://www.idsaves.org), or you can call us to order any form – or request assistance in completing this form – at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

	Return this form in the enclosed postage-paid envelope, or mail to:  <b>IDEal – Idaho College Savings Program</b> <b>P.O. Box 219944</b> <b>Kansas City, MO 64121</b>	For overnight delivery or registered mail, send to:  <b>IDEal – Idaho College Savings Program</b> <b>1001 E 101st Terrace, Suite 200</b> <b>Kansas City, MO 64131</b>
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## 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



\* I D W I T H D R A W \*

2. Beneficiary Information

□□

Name of Beneficiary (first, middle initial, last)

□□□□-□□□□-□□□□□□

Social Security Number or Taxpayer Identification Number (required)

□□

Mailing Address

□□

City

State

Zip

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

A.  **Qualified distribution to the account owner.\*** My distribution will be used to pay for the beneficiary’s qualified higher education expenses. (You will receive a check at your address of record.)

B.  **Qualified distribution to the beneficiary.\*** My distribution 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.**)

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

□□

Name of School (Complete only if the distribution 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 distribution in another qualified 529 plan within the next 60 days. (You will receive a check at your address of record.)

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

F.  **Non-qualified distribution to the beneficiary.\*\*** My distribution will not 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.**)

\* The IRS and the Idaho Tax Commission may require you to prove that your distribution is qualified. Consult the IRS or your tax advisor for current documentation requirements.

\*\* The earnings portion of a non-qualified distribution 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 distribution.

4. Amount of Distribution (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. **Important:** If you contribute to your account through payroll deduction, 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, IDeal 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.)
<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="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="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>

5. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the IDeal Highlights Booklet and Disclosure Statement and understand the rules and regulations governing distributions from my IDeal account. I also certify that the information provided on this form is accurate and hereby instruct IDeal to distribute my account as I have indicated.

➤ SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)