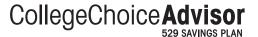
## CollegeChoice Advisor 529 Savings Plan

## **Distribution Request Form**



Complete this form to request a full or partial qualified or non-qualified distribution from your CollegeChoice Advisor 529 Savings Plan
 (CollegeChoice Advisor) 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. See the CollegeChoice Advisor Disclosure Statement for more information. State tax treatment of K–12 withdrawals is
 determined by the state(s) where the taxpayer files state income tax. Please consult with a tax advisor.

Note: You can also request a qualified distribution by telephone or online at www.collegechoiceadvisor529.com.

- We are required to file IRS Form 1099-Q annually if you take a distribution from your CollegeChoice Advisor Account.
- A contribution must be on deposit with CollegeChoice Advisor for a period of ten (10) calendar days prior to distribution.
- If the address to which you've requested the distribution be sent has changed, or if you have changed your banking information in the last fifteen (15) calendar days, your distribution will be held until this waiting period has been satisfied.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.collegechoiceadvisor529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

CollegeChoice Advisor 529 Savings Plan P.O. Box 219354 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

CollegeChoice Advisor 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Owner information	
Account Number	Social Security Number or Taxpayer Identification Number ( <i>Required</i> )
Name of Account Owner (first, middle initial, last)	
Telephone Number	

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<sup>\*</sup> The IRS and the Indiana Department of Revenue may require you to prove that your distribution is for Qualified Higher Education Expenses. Consult the IRS or your tax advisor for current documentation requirements.

<sup>\*\*</sup> 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.

A. L. <b>Full balance.</b> Withdraw the entire amou (if applicable), and close this Account.	unt held in all of the Investment Options in m	y Account, disconti	inue my AIP
<b>Important:</b> If you contribute to your Accordance these contributions.	ount through payroll deduction, you must not	ify your employer t	o cancel
B. Partial amount as follows.			
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SIGNATURE			

CollegeChoice Advisor
529 SAVINGS PLAN



<sup>\*</sup> You may be subject to a contingent deferred sales charge. Amount indicated will be net after applicable charge.

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