

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 AIP (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 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	OR	Total balance
	<i>(For partial amounts.)</i>		<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"/>

5. Signature — YOU MUST SIGN BELOW

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

Signature of Account Owner

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Date (mm/dd/yyyy)

* You may be subject to a contingent deferred sales charge. Amount indicated will be net after applicable charge.

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