

**Indiana529**

**Advisor Savings Plan**

Indiana529 Advisor Savings Plan  
**Distribution Request Form**

- Complete this form to request a full or partial qualified or non-qualified distribution from your Indiana529 Advisor Savings Plan (Indiana529 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 Indiana529 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.indiana529advisor.com](http://www.indiana529advisor.com).
- We are required to file IRS Form 1099-Q annually if you take a distribution from your Indiana529 Advisor Account.
- **Temporary Withdrawal Restriction:** If you make a contribution by check, EFT, or Recurring Contribution (*assuming all are in good order*), we will defer the approval of a withdrawal of that contribution from your Account for seven (7) business days following deposit. There will also be a hold of nine (9) business days on withdrawals following a change to your address, and a hold of fifteen (15) calendar days on withdrawals if banking information has been added or edited.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at [www.indiana529advisor.com](http://www.indiana529advisor.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. E.T.

Return this form and any other required documents to:

**Indiana529 Advisor Savings Plan**  
P.O. Box 219354  
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

**Indiana529 Advisor Savings Plan**  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131

**1. Account Owner information**

Account Number

Social Security Number or Taxpayer Identification Number (Required)

Name of Account Owner (*first, middle initial, last*)

Telephone Number





**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 (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="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="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="checkbox"/>
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	\$ <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"/>

**5. Signature — YOU MUST SIGN BELOW**

I certify that I have read and understand, consent, and agree to all terms and conditions of the Indiana529 Advisor Disclosure Statement and understand the rules and regulations governing distributions from my Indiana529 Advisor Account. I also certify that the information provided on this form is accurate and hereby instruct Indiana529 Advisor to distribute my Account as I have indicated.

SIGNATURE \_\_\_\_\_

Signature of Account Owner

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

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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