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.
- 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**, 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:

For overnight delivery or registered mail, send to:

Indiana529 Advisor Savings Plan P.O. Box 219354 Kansas City, MO 64121 Indiana529 Advisor Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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

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^{*} 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.

^{**} 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.

Amo	ount of distribution* (Choose one.)													
A	Full balance. Withdraw the entire amount he (if applicable), and close this Account.	eld in all of the Investment Options in my Account, d	iscontinue	my AIP										
	Important: If you contribute to your Account t these contributions.	hrough payroll deduction, you must notify your empl	oyer to car	ncel										
В.	Partial amount as follows.													
	Important: If the dollar amount you indicate f we will liquidate the entire balance of that Inv	or a particular Investment Option exceeds the amount option.	nt available	e for withdrawal,										
	Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)										
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Signature — YOU MUST SIGN BELOW														
I certi and u that tl	tify that I have read and understand, consent, and agree to all terms and conditions of the Indiana529 Advisor Disclosure Stateme understand the rules and regulations governing distributions from my Indiana529 Advisor Account. I also certify the information provided on this form is accurate and hereby instruct Indiana529 Advisor to distribute my Account as I indicated.													
	GNATURE													
Signati	ure of Account Owner	Date (mm/dd/yy	yyl											



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

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