

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 of \$** , . .

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, CollegeChoice 529 will liquidate the entire balance, discontinue your AIP, 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="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="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="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="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="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="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"/>

5. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the Disclosure Statement and understand the rules and regulations governing distributions from my CollegeChoice 529 Account. I also certify that the information provided on this form is accurate and hereby instruct CollegeChoice 529 to distribute my Account as I have indicated.

Signature of Account Owner

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Date (mm/dd/yyyy)

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