

# CollegeChoice 529 Direct Savings Plan Distribution Request Form



- Complete this form to request a full or partial qualified or non-qualified distribution from your CollegeChoice 529 Direct Savings Plan (CollegeChoice 529) 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 529 Disclosure Statement (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.collegechoicedirect.com](http://www.collegechoicedirect.com).

- We are required to file IRS Form 1099-Q annually if you take a distribution from your CollegeChoice 529 Account.
- A contribution must be on deposit with the CollegeChoice 529 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.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at [www.collegechoicedirect.com](http://www.collegechoicedirect.com), or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: <b>CollegeChoice 529 Direct Savings Plan</b> <b>P.O. Box 219418</b> <b>Kansas City, MO 64121</b>	For overnight delivery or registered mail, send to: <b>CollegeChoice 529 Direct Savings Plan</b> <b>1001 E 101st Terrace, Suite 200</b> <b>Kansas City, MO 64131</b>
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## 1. Account Owner information

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Account Number

—   —

Social Security Number or Taxpayer Identification Number (**Required**)

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

—    —

Telephone Number (*In case we have a question about your Account.*)





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

-   -      
Date (mm/dd/yyyy)

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