

Direct Savings Plan

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 Recurring Contributions (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 in your Account, we will liquidate the entire balance, discontinue any Recurring Contributions 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="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="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="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="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="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="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="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="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 Booklet and understand the rules and regulations governing distributions from my Indiana529 Account. I also certify that the information provided on this form is accurate and hereby instruct Indiana529 to distribute my Account as I have indicated. I understand that a Form 1099-Q reporting the distribution will be issued to the Account Owner or Beneficiary, as applicable.

SIGNATURE
Signature of Account Owner

□□ – □□ – □□□□
Date (mm/dd/yyyy)

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