## Indiana529 Direct Savings Plan

## Indiana529

## **Direct** Savings Plan

## **Distribution Request Form**

- Complete this form to request a distribution from your Indiana529 Direct Savings Plan (Indiana529) Account. 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 Disclosure Booklet (Disclosure Booklet) 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.
- **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.
- 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.

Terms used in the Form not otherwise defined have the same meaning as those terms in the Indiana529 Direct Savings Plan Disclosure Booklet (Disclosure Booklet). Forms can be downloaded from our website at **www.indiana529direct.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. - 8 p.m. E.T.

Return this form and any other required documents to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

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

Account Owner information	
Account Number	Social Security Number or Taxpayer Identification Number ( <i>Required</i> )
Name of Account Owner (first, middle initial, last)	
Telenhone Number (In case we have a question about your Account)	

Name of Beneficiary (Pists modele initial, last)    Calified Distribution (Choose only one of the following six options.)		ficiary in		alio	' <b>!!</b> ] [ ]		][		7													1								
Reason for distribution (Choose only one of the following six options.)  A. Qualified Distribution to the Account Owner.* My distribution will be used to pay for the Beneficiary's Qualified Higher Education Expenses at an eligible educations institution or program. (You will receive a check at your address of record.)  B. Qualified Distribution to the Beneficiary.* My distribution will be used to pay for the Beneficiary's Qualified Higher Education Expenses at an eligible educations institution or program. (The Beneficiary will receive a check at the address of Qualified Distribution to an eligible college or university.* (Provide the exact school address below.)  Name of School (Complete only if the distribution is to be sent directly to the school.)  Department / Office / Contact Name  Student ID  Mailing Address  City State Zip Code  D. Qualified Distribution for K-12 Tuition.  Please note: If you are an Indiana taxpayer, a distribution for K-12 Tuition for enrollment or attendance at a school outside Indiana will be subject to recapture of the Indiana state income tax credit.  Is the K-12 Tuition for enrollment or attendance at a school in Indiana? Yes No  E. Indirect Rollover. I will invest my distribution in another 529 plan within the next 60 days. (You will receive a check at your address of record.)  F. Non-Qualified Distribution to the Account Owner.** My distribution will not be used to pay for the Beneficiary's Qual Higher Education Expenses. (You will receive a check at your address of record.)	Name of	Beneficiary <i>(fi</i>	rst, mid	⊿∟ !dle iniı	tial, la	ıst)										_		_   _	L											
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<sup>\*</sup> 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.

<sup>\*\*</sup> Earnings on Non-Qualified Distributions may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Tax and other benefits are contingent on meeting other requirements and certain other withdrawals may be subject to federal, state, and local taxes. Indiana taxpayers are eligible for a state income tax credit of 20% of contributions to an Account, up to \$1,500 credit per year (\$750 for married couples filing separately). This credit may be subject to recapture from the Account Owner (not the contributor) in certain circumstances, such as rollovers to another state's 529 plan, federal nonqualified withdrawals, withdrawals used to pay elementary or secondary school tuition for a school outside of Indiana, education loan repayments, or rollovers to a Roth IRA account, as described in the Disclosure Booklet.

A <b>Full balance.</b> Withdraw the entire amo Contributions (if applicable), and close t	unt held in all of the Investment Options in my Accounis Account.	unt, discontinue my Recurring
<b>Important:</b> If you contribute to your Accordance contributions.	ount through payroll deduction, you must notify your	employer to cancel
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If the amount you indicate exceeds the Recurring Contributions and close your	amount available in your Account, we will liquidate th Account.	ne entire balance, discontinue a
C. Partial amount as follows.		
<b>Important:</b> If the dollar amount you ind we will liquidate the entire balance of t	cate for a particular Investment Option exceeds the a nat Investment Option.	amount available for withdrawa
Name of Investment Option	<b>Dollar amount</b> (For partial amounts.)	OR Total balance (Check if applicable
	\$	
	\$	
	\$	
	\$	
	\$,	
	\$	
	\$	
Signature — YOU MUST SIGN BELO	W	
rules and regulations governing distributions fro	t, and agree to all terms and conditions of the Disclo m my Indiana529 Account. I also certify that the infor bute my Account as I have indicated. I understand th	rmation provided on this form i
		at a roini roos a roporting and
distribution will be issued to the Account Owne	or beneficiary, as applicable.	
	от вененени у, из аррнеизне.	

Indiana529

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