

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 this Form not otherwise capitalized have the same meaning as those terms in the Disclosure Booklet.

You can also request a distribution online at www.indiana529direct.com. You can by phone at 1.866.485.9415 or request assistance in completing this form — at **1.866.485.9415** 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 Direct Savings Plan	Indiana529 Direct Savings Plan
P.O. Box 219418	1001 E 101st Terrace, Suite 200
Kansas City, MO 64121	Kansas City, MO 64131

1. Account Owner information

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.*)



2. Beneficiary information

Name of Beneficiary (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

3. 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, as defined in the Disclosure Booklet. (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. (The Beneficiary will receive a check at the address on file.)

C. 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 expenses.

Please note: if you are an Indiana taxpayer, a distribution for K-12 tuition expenses for enrollment or attendance at a school outside of Indiana will be subject to recapture of the Indiana state income tax credit.

Are the K-12 tuition expenses for enrollment or attendance at a school in Indiana? Yes No

E. Indirect rollover. I will invest my distribution in another qualified 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 Qualified Higher Education Expenses. (You will receive a check at your address of record.)

G. Non-qualified distribution to the Beneficiary.** My distribution will not be used to pay for the Beneficiary's Qualified Higher Education Expenses. (The Beneficiary will receive a check at the address on file.)

* 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.

** Earnings on non-qualified withdrawals 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 Indiana 529 Direct Savings Plan 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.

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="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"/>
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<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 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 of Account Owner

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Date (mm/dd/yyyy)

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