



**3. Withdrawal Details (Choose only one of the following A, B, C, D or E.) (Required)**

**Important:** Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your account online or download the **Account Features Form** at **MNSaves.org**.

**Note:** State tax treatment of withdrawals for K-12 tuition expenses, apprenticeship expenses and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Plan Description or consult with a tax advisor.

**Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Withdrawals will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.**

A.  **Withdrawal to the Account Owner** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

**Withdrawal Type** (Choose only one of the following options).

- Qualified for higher-education expenses
- K-12 Tuition Expenses
- Student Loan Repayment
- Apprenticeship
- Non-Qualified

**Note:** Under Minnesota State Law, withdrawals used for K-12 tuition expenses, apprenticeship expenses, and student loan repayments are subject to Minnesota income tax.

B.  **Withdrawal to the Designated Beneficiary** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

**Withdrawal Type** (Choose only one of the following options).

- Qualified for higher-education expenses
- Non-Qualified

**Note:** Withdrawals used to pay for the beneficiary's K-12 tuition cannot be made payable to the beneficiary.

**Note:** The withdrawal will be sent to the beneficiary's address on record.

C.  **Withdrawal to an eligible college or university only.** (Provide the exact school address below). (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)

**Note:** An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. To determine if the school is an Eligible Educational Institution, please visit **https://studentaid.gov/fafsa-app/FSCsearch**.

Eligible Educational Institution Name (School)

Department/Office/Contact Name

Mailing Address

City State Zip Code

Beneficiary's Student ID (Required)



C.  **Partial Fund Specific**

**Important:** If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal as of the previous business day, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>

**Important:** If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

D.  **Matching Grant Funds.** The amount indicated below in Section 5D will be withdrawn in addition to any amount selection made in Sections 5A, 5B, and 5C.

**Note:** The Matching Grant program was discontinued in 2011. Matching Grant funds can only be used for qualified withdrawals to the Account Owner, Designated Beneficiary, eligible college or university, or third party.

Full Matching Grant balance

Partial Matching Grant amount

\$ , .

Dollar Amount

**6. Signature and Certification — YOU MUST SIGN BELOW**

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form and outlined in the Plan Description.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Description.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll deduction, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer to stop my payroll deduction.
- For Minor Trust Accounts, including Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For Entity Accounts, including Minor Trust accounts with a minor as the Beneficiary, I certify I am authorized by the Entity Account Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner.** If I am withdrawing my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

**If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Medallion Signature Guarantee section.**

SIGNATURE

  

Signature of Account Owner

—  —   
 Date (mm-dd-yyyy)

### Medallion Signature Guarantee — Refer to the list below for guidance on when a Medallion Signature Guarantee may be required.

**Note:** A Medallion Signature Guarantee is not required if a Plan Power of Attorney Form is on file for an Individual Account or if a Plan Power of Attorney Form accompanies this form, unless the withdrawal request is \$100,000 or more.

- If a withdrawal request is \$100,000 or more, a Medallion Signature Guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- A Medallion Signature Guarantee is required for all Entity Accounts except Accounts owned by a trust so long as the Plan has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Owner.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.
- If a withdrawal request is \$10,000 or more and payable to a third party, a Medallion Signature Guarantee must be provided.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Minnesota College Savings Plan Description.

SIGNATURE  
Signature of Account Owner

SIGNATURE  
Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□  
Date (mm-dd-yyyy)

**Authorized Officer to place stamp here**

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK