

# Achieve Montana

## Distribution Request Form



- Complete this form to request a full or partial qualified or non-qualified distribution from your Achieve Montana 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. In addition, a Non-Qualified Montana Distribution may result in the recapture from the Account Owner of previously taken Montana state income tax deductions. See the Achieve Montana Program Description (Program Description) for more information. Capitalized terms not otherwise defined have the same meaning as the terms defined in the Program Description.

**Note:** You can also request a qualified distribution by telephone or online at **achievemontana.com**.

- We are required to file IRS Form 1099-Q if you take a distribution from your Achieve Montana Account.
- A contribution must be invested with Achieve Montana for a period of seven (7) business days prior to distribution.
- If the address to which you've requested the distribution be sent has changed, your distribution will be held for nine (9) business days following the request to change your address 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 **achievemontana.com**, or you can call us to order any form — or request assistance in completing this form — at **1.877.486.9271** any business day from 7 a.m. to 6 p.m. Mountain Time.

Return this form and any other required documents to: <b>Achieve Montana</b> <b>P.O. Box 219448</b> <b>Kansas City, MO 64121-9448</b>	Phone Number: <b>1.877.486.9271</b> Hours: <b>7 a.m. to 6 p.m. Mountain Time</b> Monday through Friday Website: <b>achievemontana.com</b>
--	--

### 1. Instructions to Current 529 Plan Manager or ESA Custodian

#### Account Owner information

-

Account Number

-   -

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

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

Name of Joint Account Owner *(If applicable)*

-    -

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)

Mailing Address

City State Zip Code

**3. Instructions to Current 529 Plan Manager or ESA Custodian**

**Reason for distribution** (Choose only one of the following options.)

- A. Qualified distribution to the Account Owner.\* My distribution will be used to pay for the Beneficiary's Qualified Montana Expenses, as defined in the Program Description. (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 Montana Expenses. (The Beneficiary will receive a check at the address you indicated in Section 2.)
C. Qualified distribution to an Eligible Educational Institution.\* (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

Beneficiary's Student ID

Mailing Address

City State Zip Code

- D. Distribution to the Account Owner for K-12 Tuition, Apprenticeship Program Expenses, or Education Loan Repayments.\*\* My distribution will be used to pay for the Beneficiary's K-12 Tuition, Beneficiary's Apprenticeship Program Expenses or Beneficiary's or a sibling's Education Loan Repayments. (You will receive a check at your address of record.)
E. Distribution to the Beneficiary for Apprenticeship Program Expenses or Education Loan Repayments.\*\* My distribution will be used to pay for the Beneficiary's K-12 Tuition, Beneficiary's Apprenticeship Program Expenses or Beneficiary's or a sibling's Education Loan Repayments. (The Beneficiary will receive a check at the address indicated in Section 2.)
F. Indirect rollover. I will invest my distribution in another qualified Section 529 college savings plan within the next 60 days. (You will receive a check at your address of record.)
G. Non-qualified distribution to the Account Owner.\*\* My distribution will not be used to pay for the Beneficiary's Qualified Expenses. (You will receive a check at your address of record.)
H. Non-qualified distribution to the Beneficiary.\*\* My distribution will not be used to pay for the Beneficiary's Qualified Expenses. (The Beneficiary will receive a check at the address you indicated in Section 2.)

\* The IRS and the Montana Department of Revenue may require you to prove that your distribution is for Qualified Expenses and/or Qualified Montana Expenses. Consult the IRS, the Montana Department of Revenue, and/or your tax advisor for current documentation requirements.

\*\* The earnings portion of a non-qualified distribution is subject to federal income tax, and may be subject to a 10% federal penalty tax, as well as state and local income taxes. Contact your tax advisor about how to report a non-qualified distribution. Montana taxpayers are entitled to a deduction to adjusted gross income per taxpayer of up to \$3,000 per year (\$6,000 if married filing jointly) in computing Montana state income tax for eligible contributions made to an Achieve Montana Account for the tax year in which they are made. Please note that this deduction may be subject to recapture from the Account Owner in certain circumstances, such as a Non-Qualified Montana Distribution or a withdrawal or distribution from an Account that was opened within three years prior to the date of the withdrawal or distribution.

