Achieve Montana

Distribution Request Form

ACHIEVE MONTANA
THEIR TOMORROW STARTS TODAY

- 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. See the Achieve Montana Program Description (Program Description) for more information.

  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:

Achieve Montana
P.O. Box 219448
Kansas City, MO 64121-9448

Phone Number: **1.877.486.9271**
Hours: **7 a.m. to 6 p.m. Mountain Time**
Monday through Friday
Website: **achievemontana.com**

1. Account Owner information

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Account Number

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

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

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Name of Joint Account Owner *(If applicable)*

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Telephone Number *(In case we have a question about your Account.)*

MT WITHDRAW

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. 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 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 Higher Education 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. ☐ **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.)*

E. ☐ **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.)*

F. ☐ **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 you indicated in **Section 2.**)*

* The IRS and the Montana Department of Revenue may require you to prove that your distribution is for Qualified Higher Education 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. Eligible contributions are contributions made to an Achieve Montana Account owned by the taxpayer, the taxpayer's spouse or the taxpayer's child or stepchild (if the child or stepchild is a Montana resident at the time of the contribution). Please note that this deduction may be subject to recapture from the Account Owner in certain circumstances, such as a non-qualified distribution or a withdrawal or distribution from an Account that was opened within three years prior to the date of the withdrawal or distribution.

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 Automatic Investment Plan (AIP) *(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, Achieve Montana will liquidate the entire balance, discontinue your AIP, 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 distribution, 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.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

5. Signature — ALL ACCOUNT OWNERS MUST SIGN BELOW

I/We certify that I/we have read and understand, consent, and agree to all terms and conditions of the Program Desciption and understand the rules and regulations governing distributions from my/our Achieve Montana Account. I/We also certify that the information provided on this form is accurate and hereby instruct Achieve Montana to distribute my/our Account as I/we have indicated.

SIGNATURE
Signature of Account Owner

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Date *(mm/dd/yyyy)*

SIGNATURE
Signature of Joint Account Owner *(If applicable)*

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Date *(mm/dd/yyyy)*

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