

College SAVE Plan Distribution Request Form

College SAVE™

Bank of North Dakota's 529 Plan

- Print clearly, preferably in capital letters and black ink.
- Complete this form to request a full or partial qualified or non-qualified distribution from your account with College SAVE. 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 as well as state and local income taxes.

Note: You can request a qualified distribution online at www.collegesave4u.com.

- We are required to file IRS Form 1099-Q annually if you take a distribution from your College SAVE account.
- We may not distribute money until we have collected it. For example, if you contribute to an account by check, we may not distribute that money until the check has cleared and the money is in your account.
- If the address to which you've requested the distribution be sent has changed in the last 15 days, your distribution will be held until this waiting period has been satisfied.

Forms can be downloaded from our website at www.collegesave4u.com, or you can call us to order any form – or request assistance in completing this form at **1.866.SAVE.529 (866.728.3529)** any business day from 8 a.m. to 8 p.m. ET.

Return this form to:
College SAVE
P.O. Box 219781
Kansas City, MO 64121-9781

For overnight delivery or registered mail, send to:
College SAVE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1 Participant Information

Account Number

Social Security Number or Taxpayer Identification Number

Name of Participant (first, middle initial, last)

Daytime Telephone Number

Evening Telephone Number



4 Amount of Distribution (Choose one.)

A. **Full Balance.** Distribute the entire amount held in all of the investment options in my account, discontinue my automatic investment plan (if applicable), and close this account. If you contribute to your account through payroll direct deposit, you must notify your employer to cancel these contributions.

Check this box to keep your account open for future contributions and continue your automatic investment plan (if applicable).

B. **Partial amount of \$.** ,

Distribute this amount proportionately from among my current investment options.

C. **Partial amount as follows.** (Important: If the dollar amount you indicate for a particular investment option exceeds the amount available for distribution, College SAVE 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="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="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="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="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="text"/>		<input type="checkbox"/>

5 Signature – YOU MUST SIGN BELOW

I certify that I have read the Plan Disclosure Statement and Participation Agreement and understand the rules and regulations governing distributions from my College SAVE account. I also certify that the information provided on this form is accurate and hereby instruct College SAVE to distribute my account as I have indicated.

SIGNATURE

Signature of Participant

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Date (month, day, year)

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