

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
920 Main Street, Suite 900
Kansas City, MO 64105

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



2 Designated Beneficiary Information

[Grid of 28 boxes for Name of Designated Beneficiary]

Name of Designated Beneficiary (first, middle initial, last)

[Grid of 10 boxes for Social Security Number or Taxpayer Identification Number]

Social Security Number or Taxpayer Identification Number

[Grid of 32 boxes for Address]

Address

[Grid of 28 boxes for City, State, and Zip]

City

State

Zip

3 Reason for Distribution (Choose only one of the following six options.)

- A. **Qualified distribution to the participant.*** My distribution will be used to pay for the designated beneficiary’s qualified higher education expenses. (You will receive a check at your address of record.)
- B. **Qualified distribution to the designated beneficiary.*** My distribution will be used to pay for the designated beneficiary’s qualified higher education expenses. (The designated beneficiary will receive a check at the address you indicated in Section 2.)
- C. **Qualified distribution to an eligible college or university.** (Provide the exact school address below.)

[Grid of 32 boxes for Name of School]

Name of School (Complete only if the distribution is to be sent directly to the school.)

[Grid of 32 boxes for Department / Office / Contact Name]

Department / Office / Contact Name

[Grid of 28 boxes for Student ID]

Student ID

[Grid of 32 boxes for Address]

Address

[Grid of 28 boxes for City, State, and Zip]

City

State

Zip

- D. **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.)
- E. **Non-qualified distribution to the participant.**** My distribution will **not** be used to pay for the designated beneficiary’s qualified higher education expenses. (You will receive a check at your address of record.)
- F. **Non-qualified distribution to the designated beneficiary.**** My distribution will **not** be used to pay for the designated beneficiary’s qualified higher education expenses. (The designated beneficiary will receive a check at the address you indicated in Section 2.)

* The IRS may require you to prove that your distribution is qualified. Consult the IRS or your tax advisor for current documentation requirements.

** The earnings portion of a non-qualified distribution may be subject to federal income tax, state income tax, and a 10% federal penalty tax. Contact your tax advisor about how to report a non-qualified distribution.

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

- -

Date (month, day, year)

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