## College SAVE Plan **Distribution Request Form**

## College SAVE<sup>™</sup>

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



<b>2</b> D	signated Beneficiary Information	
Name of	esignated Beneficiary (first, middle initial, last)	
Social Se	urity Number or Taxpayer Identification Number	
Address		
		]
City	State Zip	
А.	ason for Distribution (Choose only one of the following six options.) Halified distribution to the participant.* My distribution will be used to pay for the designated beneficiary's qualified h ducation expenses. (You will receive a check at your address of record.)	igher
	ualified distribution to the designated beneficiary.* My distribution will be used to pay for the designated beneficiary' ualified higher education expenses. (The designated beneficiary will receive a check at the address you indicated in Section 2.)	S
С.	ualified distribution to an eligible college or university. (Provide the exact school address below.)	
I	ame of School (Complete only if the distribution is to be sent directly to the school.)	
I	epartment / Office / Contact Name	
:	udent ID	
	ldress	
(	ty State Zip	
	ndirect rollover. I will invest my distribution in another qualified 529 plan within the next 60 days. (You will receive a check t your address of record.)	ć
	<b>lon-qualified distribution to the participant.**</b> My distribution will <b>not</b> be used to pay for the designated beneficiary's o ed higher education expenses. (You will receive a check at your address of record.)	luali-
	<b>Ion-qualified distribution to the designated beneficiary.</b> ** My distribution will <b>not</b> be used to pay for the designated <b>eneficiary's qualified higher education expenses</b> . (The designated beneficiary will receive a check at the address you address in the address of the designated in Section 2.)	
* The IF	may require you to prove that your distribution is qualified. Consult the IRS or your tax advisor for current documentation requiremer	ıts.

\*\* 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. <b>Full Balance</b> . Distribute the entire amount held in a investment plan <i>(if applicable),</i> and close this accour notify your employer to cancel these contributions.							
Check this box to keep your account open for future contributions and continue your automatic investment plan ( <i>if applicable</i> ).							
B. Partial amount of \$.	Partial amount of \$.						
Distribute this amount proportionately from among	my current investment options	S.					
C. Partial amount as follows. (Important: If the dollar am for distribution, College SAVE will liquidate the entire ba		investment optior	n exceeds the amount available				
Name of Investment Option	<b>Dollar Amount</b> (for partial amounts)	OR	Total Balance (Check if applicable.)				
	\$						
	\$						
	\$						

## 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

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Date (month, day, year)





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