

2. Reason for withdrawal (Choose only *one* of the following six options.)

A. **Qualified Withdrawal to the Account Owner, Parent/Guardian or Custodian.** My withdrawal will be used to pay for the Beneficiary’s Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. (You will receive a check at your address of record.)

B. **Qualified Withdrawal to the Bank Account of the Account Owner, Parent/Guardian or Custodian.** My withdrawal will be used to pay for the Beneficiary’s Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. My withdrawal should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with the NEST Direct Plan. (You cannot change or add banking instructions at the same time of the withdrawal request via EFT.)

C. **Qualified Withdrawal to the Beneficiary.** My withdrawal will be used to pay for the Beneficiary’s Qualified Higher Education Expenses. (The Beneficiary will receive a check at the Beneficiary’s address of record.)

D. **Qualified Withdrawal to an eligible college or university.** (Provide the exact school address below.)

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

Department / Office / Contact Name

Beneficiary’s Student ID

Mailing Address

City

State

Zip Code

E. **Indirect rollover.** I will invest my withdrawal in another qualified 529 plan within the next 60 days. (You will receive a check at your address of record.)

F. **Non-Qualified Withdrawal to the Account Owner.** My withdrawal will not be used to pay for the Beneficiary’s Qualified Higher Education Expenses. (You will receive a check at your address of record.)

G. **Non-Qualified Withdrawal to the Beneficiary.** My withdrawal will not be used to pay for the Beneficiary’s Qualified Higher Education Expenses. (The Beneficiary will receive a check at the Beneficiary’s address of record.)

3. Amount of withdrawal *(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 Direct Deposit, 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, NEST Direct Plan 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 withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing withdrawals from my NEST Direct Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the NEST Direct Plan to distribute my Account as I have indicated.
- By signing below, I authorize the Program Manager or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds for ten (10) business days after the change without the Medallion Signature Guarantee.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal income tax and an additional 10% federal tax, and may be subject to state income tax. I understand that Non-Qualified Withdrawals due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may not be subject to an additional 10% federal tax. Further, I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is minor-owned or is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account in question, and that this request is in the best interest of the Beneficiary.

Signature of Account Owner

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Date (mm/dd/yyyy)

If this form requires a Medallion Signature Guarantee, please also proceed to Section 5.

5. Medallion Signature Guarantee — REQUIRED IF ACCOUNT OWNER OR ADDRESS HAS CHANGED WITHIN THE LAST 10 BUSINESS DAYS AND YOU WOULD LIKE TO WAIVE THE 10 BUSINESS DAY HOLD PERIOD FOR THIS WITHDRAWAL REQUEST.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Signature Guarantor

Title

Title

Name of Institution

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.



Nebraska State Treasurer, Trustee

1 First National Bank Omaha

Program Manager