



# Scholar's Edge® Withdrawal Request Form

- Use this form to request a full or partial Qualified Withdrawal, Non-Qualified Withdrawal or Indirect Rollover from your Scholar's Edge Account. You must submit a separate form for each withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. See the Scholar's Edge Plan Description and Participation Agreement for more information.

**Note:** You can also request a withdrawal online at [scholarsedge529.com](http://scholarsedge529.com) or by telephone.

- We are required to file IRS Form 1099-Q if you take a withdrawal from your Scholar's Edge Account.
- A contribution must be invested with Scholar's Edge for a period of 5 Business Days prior to withdrawal.
- If the address on your Account has changed within the last 15 Business Days, a hold will be placed on the issuance of this withdrawal until the 15 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below in **Section 6**.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 10 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 10 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below in **Section 6**.
- 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 mailing address listed. **Do not staple.**

**1.866.529.SAVE (1.866.529.7283)**  
Monday through Friday  
8:00 a.m. to 7:00 p.m. MT

**scholarsedge529.com**

**FAX 617-559-8951**

Regular mailing address:  
**Scholar's Edge**  
**PO Box 219798**  
**Kansas City, MO 64121-9798**

Overnight mailing address:  
**Scholar's Edge**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

Forms can be downloaded from our website at [scholarsedge529.com](http://scholarsedge529.com), or you can call us to order any form — or request assistance in completing this form — at **1.866.529.SAVE (1.866.529.7283)**, Monday through Friday 8:00 a.m. to 7:00 p.m. MT.

## 1. Account Owner Information

Account Number

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

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

Telephone Number

## 2. Beneficiary Information

Name of Beneficiary (first, middle initial, last)

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



**3. Withdrawal Details** (Choose only one of the following options.) **(Required)**

**Important:** Electronic payment by Automated Clearing House (ACH) is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your account online or download the **Account Features Form** at **scholarsedge529.com**.

If you would like a check sent via expedited delivery (**No P.O. mailboxes permitted**), a \$15 fee will be applied to your account. With expedited delivery, the withdrawal check should be received within three business days once your request is received in good order and processed. Standard mail delivery will take 7 – 10 Business Days for the check to arrive once your request is received in good order and processed.

- A.  **Payable to the Account Owner**                       **Qualified**                       **Non-Qualified**

- By Check to the address of record.
- Check here if you would like the expedited service. (\$15 fee)
- By Automated Clearing House (ACH) to Bank Account of Account Owner (already on file).

Please confirm bank information on file:

Bank Name Last four digits of Bank Account Number

- B.  **Payable to the Designated Beneficiary**                       **Qualified**                       **Non-Qualified**

- By Check to the Beneficiary's address of record.
- Check here if you would like the expedited service. (\$15 fee)

- C.  **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

Mailing Address

City State Zip Code —

Beneficiary's Student ID

- Check here if you would like the expedited service. (\$15 fee)

- D.  **Withdrawal for K–12 Tuition Expenses to the account owner.\*\*** My withdrawal will be used to pay for the beneficiary's K–12 Tuition Expenses. (You will receive a check at your address of record.)

- Check here if you would like the expedited service. (\$15 fee)

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

- Check here if you would like the expedited service. (\$15 fee)

**\*\*PLEASE NOTE:** Federal law allows distributions of up to \$10,000 per beneficiary per year for tuition expenses associated with enrollment in an elementary or secondary public, private, or religious school (K-12 Tuition Expenses) with no resulting federal taxes or penalties. Qualified withdrawals may differ by state and can change based on state legislation.

**4. Amount of Withdrawal** *(Choose one.)*

A.  **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contributions *(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 Pro-Rated amount**

\$ ,.  
Dollar Amount

Withdraw this amount pro-rated from among my current Investment Options. If the amount you indicate exceeds the amount available, Scholar's Edge will liquidate the entire balance, discontinue your Recurring Contributions, and close your Account.

C.  **Partial Fund Specific**

**Important:** If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal as of the previous business day, 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="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="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="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="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="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="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="checkbox"/>

**5. Signature and Certification — YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Scholar’s Edge Plan Description and Participation Agreement and understand the rules and regulations governing withdrawals from my Scholar’s Edge Account. I also certify that the information provided on this form is accurate and hereby instruct Scholar’s Edge to withdraw my funds from Account as I have indicated.
- By signing below, I authorize Scholar’s Edge or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address, I cannot withdraw funds within 15 Business Days of 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 penalty 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 penalty 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 took a state income tax deduction or received a 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 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.

**If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Section 6.**

SIGNATURE \_\_\_\_\_  
 Signature of Account Owner

□□ – □□ – □□□□  
 Date (mm/dd/yyyy)

**6. Medallion Signature Guarantee — REQUIRED IF THE ADDRESS OR BANK INFORMATION ASSOCIATED WITH THIS WITHDRAWAL HAS BEEN UPDATED DURING THE SCHOLAR’S EDGE DESIGNATED HOLD PERIOD.**

**\*\*REFERENCE BULLETS FOUR AND FIVE ON PAGE ONE FOR DETAILS ON THE SPECIFIC HOLD TIME**

- 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.**
- If a Medallion Signature Guarantee is needed you cannot fax in this form.

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 Scholar’s Edge Plan Description and Participation Agreement.

SIGNATURE \_\_\_\_\_  
 Signature of Account Owner

\_\_\_\_\_  
 Signature Guarantor

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Name of Institution

□□ – □□ – □□□□  
 Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**