

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

Important: Electronic payment by 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 **theeducationplan.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.*)

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

Name of School (<i>Complete only if the withdrawal is to be sent directly to the school.</i>)					
Department/Office/Contact Name					
Mailing Address					
City	State	Zip Code			
Beneficiary's Student ID					

- 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.*)

- 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, The Education Plan 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 Plan Description and Participation Agreement and understand the rules and regulations governing withdrawals from my Account in The Education Plan. I also certify that the information provided on this form is accurate and hereby instruct The Education Plan to withdraw funds from my Account as I have indicated.
- By signing below, I authorize The Education Plan 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 EDUCATION PLAN 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 Plan Description and Participation Agreement.

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