Oklahoma 529

Withdrawal Request Form

Oklahoma529℠

- For faster processing, you can request a withdrawal online at **oklahoma529.com**. **Note:** You can also request most withdrawals by telephone.
- Use this form to request a full or partial Qualified Withdrawal, Non-Qualified Withdrawal or Indirect Rollover from your Oklahoma 529 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. State tax treatment of withdrawals for K-12, apprenticeship expenses, and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Oklahoma 529 Plan Description or consult with a tax advisor.
- Oklahoma 529 is required to file IRS Form 1099-Q when you take a withdrawal from your Oklahoma 529 Account.
- A contribution must be invested with Oklahoma 529 for a period of 8 Business Days prior to withdrawal.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed.

1.877.654.7284
Monday to Friday 7 a.m. – 7 p.m. CT

www.oklahoma529.com

Regular mailing address:
Oklahoma 529
P.O. Box 219249
Kansas City, MO 64121-9249

Overnight mailing address:
Oklahoma 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

- A Medallion Signature Guarantee may be required. See **Section 6** below.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 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**.

To request assistance in completing this form call us at **1.877.654.7284**, Monday through Friday from 7 a.m. – 7 p.m. CT.

1. Account Owner Information

☐☐☐☐☐☐☐☐☐ – ☐☐ Account Number

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

Account Owner or Entity *(First name)* ***(Required)*** *(M.I.)*

Account Owner or Entity *(Last name)* ***(Required)***

☐☐☐ – ☐☐☐ – ☐☐☐☐ Telephone Number

2. Beneficiary Information

Beneficiary *(First name)* *(M.I.)*

Beneficiary *(Last name)*

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

OK WITHDRAWAL

3. Withdrawal Details *(Choose only one of the following A,B,C, or D) (**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 **oklahoma529.com**.

Note: State tax treatment of withdrawals for K-12, apprenticeship expenses and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Plan Description or consult with a tax advisor.

Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Withdrawals will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.

A. ☐ **Withdrawal to the Account Owner** *(This will be the tax responsible party who will receive the IRS Form 1099-Q).*

Withdrawal Type *(Choose only one of the following options).*

- ☐ Qualified for higher-education expenses
- ☐ K-12 Expenses
- ☐ Student Loan Repayment Services
- ☐ Apprenticeship
- ☐ Non-Qualified

B. ☐ **Withdrawal to the Designated Beneficiary** *(This will be the tax responsible party who will receive the IRS Form 1099-Q).*

Withdrawal Type *(Choose only one of the following options).*

- ☐ Qualified for higher-education expenses
- ☐ Non-Qualified

Note: The withdrawal will be sent to the beneficiary's address on record.

C. ☐ **Withdrawal to an eligible college or university only.** *(Provide the exact school address below). (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)*

Note: An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. To determine if the school is an Eligible Educational Institution, please visit ***https://studentaid.gov/fafsa-app/FSCsearch***.

Eligible Educational Institution Name *(School)*

Department/Office/Contact Name ***(if applicable)***

Mailing Address

City | State | Zip Code

Beneficiary's Student ID ***(required)***

D. ☐ **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.) (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q).*

4. Delivery Method *(Choose **only one** of the following.)*

A. ☐ **First-class mail.** Check will be mailed via USPS.

B. ☐ **Expedited delivery.** *(Not available for P.O. Boxes, non street addresses. A transaction charge of $25 will be applied to your account.)*

C. ☐ **By Automated Clearing House (ACH) to Bank Account.** *(already on file).*
Only available for withdrawal requests to Account Owner or Qualified withdrawals to the Beneficiary. Non-Qualified withdrawals to the Beneficiary must be sent via check.

Please confirm bank information on file:

Bank Name

☐☐☐☐ Last four digits of Bank Account Number

5. 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 Contribution *(if applicable)*, and close this Account.

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, Oklahoma 529 will liquidate the entire balance, discontinue your Recurring Contribution, 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** *(For partial amounts.)*	**OR**	**Total balance** *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

6. Signature and Certification — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form and outlined in the Plan Description.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested withdrawal represents qualified higher education expenses as defined in the Plan Description. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Description.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer to stop my payroll direct deposit.
- Reimbursement for elementary or secondary tuition payments may be sent to the Account Owner only.
- For Minor Trust Accounts, including Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For Entity Accounts, including Minor Trust accounts with a minor as the Beneficiary, I certify I am authorized by the Entity Account Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am withdrawing my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

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

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is $100,000 or more, a Medallion Signature Guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- A Medallion Signature Guarantee is required for all Entity Accounts except Accounts owned by a trust so long as the Plan has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Owner.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.
- 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 Oklahoma 529 Plan Description.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Title

Name of Institution

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here