





**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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" 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"/>

**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**