# Scholar's Edge<sup>®</sup> 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** 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.



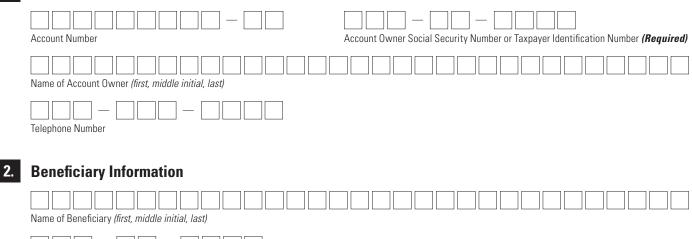
<ul> <li><b>1.866.529.SAVE (1.866.529.7283)</b></li> <li>Monday through Friday</li> <li>8:00 a.m. to 7:00 p.m. MT</li> </ul>
scholarsedge529.com
FAX 617-559-8951
Regular mailing address: Scholar's Edge PO Box 219798 Kansas City, MO 64121-9798
Overnight mailing address: Scholar's Edge 1001 E 101st Terrace, Suite 200

Kansas City, MO 64131

• 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**.

Forms can be downloaded from our website at **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



Beneficiary Social Security Number or Taxpayer Identification Number (Required)



1

Accou	ortant: Electronic payment by Automated Clearing House (ACH) is only available if you have already added bank information to ount. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bar rices, please log in to your account online or download the <b>Account Features Form</b> at <b>scholarsedge529.com</b> .							
delive	would like a check sent via expedited delivery ( <b>No P.C</b> ry, the withdrawal check should be received within t ard mail delivery will take 7 – 10 Business Days for	hree	business days onc	e your reques	t is received in good order and proces			
Α.	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 Ban	k Aco	count of Account C	)wner <i>(alread</i>	ly on file).			
	Please confirm bank information on file:							
	Bank Name				Last four digits of Bank Account Number			
В.	Payable to the Designated Beneficiary		Qualified		Non-Qualified			
	By Check to the Beneficiary's address of rec	ord.						
	Check here if you would like the expec	lited	service. (\$15 fee)					
•								
C	Qualified Withdrawal to an eligible college	or u	university. (Provid	e the exact s	chool address below.)			
	Name of School <i>(Complete only if the withdrawal is to be sub</i>	ent dir	rectly to the school.)					
	Department/Office/Contact Name							
	City			State	Zip Code			
	Beneficiary's Student ID							
	Check here if you would like the expedited	servi	rice. <i>(\$15 fee)</i>					
D.	Withdrawal for K 12 Tuition Expanses to th		oount ownor**	Aunithdrow	al will be used to pay for the bonefic			
D.	Withdrawal for K–12 Tuition Expenses to the account owner.** My withdrawal will be used to pay for the beneficial K–12 Tuition Expenses. (You will receive a check at your address of record.)							
	Check here if you would like the expedited	servi	rice. <i>(\$15 fee)</i>					
E. 🗌	Indirect rollover I will invest mu withdressed in	0000	other 520 plan with	in the next C	) dave /Vau will reactive a sheat at			
E	Indirect rollover. I will invest my withdrawal in another 529 plan within the next 60 days. (You will receive a check at yo address of record.)							
	Check here if you would like the expedited		ico (\$15 fool					

Under current New Mexico State law, distributions for K-12 Tuition Expenses are considered non-qualified withdrawals and subject to the recapture of any New Mexico state tax benefits that were received on contributions. Qualified withdrawals may differ by state and can change based on state legislation.

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

**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.

#### Partial Pro-Rated amount

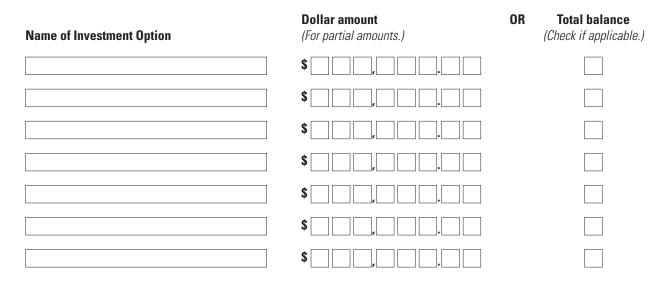
\$	,		
Dollar Amount			

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.



#### 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.



# 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	Authorized Officer to place stamp here
Signature of Account Owner	
Signature Guarantor	
Title	
Name of Institution	
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