SSGA Upromise 529 Plan

Withdrawal Request Form

• Complete this form to request a full or partial withdrawal from your SSGA Upromise 529 Plan (SSGA Upromise 529) account. You must submit a separate form for each type of withdrawal you are requesting. Note: The earnings portion of withdrawals from your account may be subject to federal income tax, state income tax, and a federal tax penalty.

• You can request a withdrawal online at www.ssga.upromise529.com or by calling 1.800.587.7305.

• We are required to file IRS Form 1099-Q if you take a withdrawal from your SSGA Upromise 529 account.

• We will not send proceeds from your withdrawal request until the total amount of the withdrawal is available in your account. For example, if you contribute to an account by check, you may not receive the money until the check has cleared and the money is available in your account.

• If the address to which you’ve requested the withdrawal be sent has changed in the last 15 calendar days, your withdrawal may be held until this waiting period has been satisfied.

• Print clearly, preferably in capital letters and black ink.

• Contributions and rollovers by check, Automatic Investment Plan (AIP), or Electronic Funds Transfer (EFT), will not be available for withdrawal for ten calendar days.

Most forms can be downloaded from our website at www.ssga.upromise529.com, or you can call us to order any form—or request assistance in completing this form—at 1.800.587.7305 on business days from 8 a.m. to 8 p.m., Eastern time.

Return this form and any other required documents to:
SSGA Upromise 529
P.O. Box 55578
Boston, MA 02205-5578

For overnight delivery or registered mail, send to:
SSGA Upromise 529
95 Wells Ave., Suite 155
Newton, MA 02459-3204

1. Account Owner information

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

Account Owner Name (first, middle initial, last)

Daytime Telephone Number
Evening Telephone Number
2. **Beneficiary information**  
**Note:** The Beneficiary’s Social Security number or Individual Taxpayer Identification number is required to process this request.

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<th>Beneficiary Name (first, middle initial, last)</th>
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<th>Social Security Number or Taxpayer Identification Number <em>(Required)</em></th>
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<tr>
<th>Beneficiary Mailing Address</th>
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<td>City State Zip Code</td>
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3. **Amount of withdrawal** *(Choose one. In most cases, we will process your request the same business day we receive this form.)*

A. **Full balance.** Withdraw the entire amount held in all of the investment options in my account, discontinue my Automatic Investment Plan, if applicable, and close this account. **Note:** If you contribute to your account through payroll direct deposit, you must notify your employer to cancel these contributions.

B. **Partial balance of $_______, _______ . 00** proportionally from among my current investment options. **Important:** If the amount requested exceeds the amount available for withdrawal, we will liquidate the full balance of your account, discontinue your Automatic Investment Plan, if applicable, and close your account.

C. **Partial amount as follows.** **Important:** If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, we will liquidate the full balance of that investment option.

<table>
<thead>
<tr>
<th>Name of investment option</th>
<th>Dollar amount <em>(For partial amounts.)</em></th>
<th>OR</th>
<th>Total balance <em>(Check if applicable.)</em></th>
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4. **Reason for withdrawal** *(Choose only one of the following options.)*

- Overnight delivery request. ($15 fee for weekdays, $25 fee for Saturday.)

- **Qualified withdrawal to the Account Owner.** My withdrawal will be used to pay for the Beneficiary’s qualified higher education expenses. *(You will receive a check at your address of record.)*

- **Qualified withdrawal to the Beneficiary.** My withdrawal will be used to pay for the Beneficiary’s qualified higher education expenses. *(The Beneficiary will receive a check at the address indicated in Section 2.)*

- **Qualified withdrawal to an eligible college or university.** *(Provide the exact school address below.)*

  - Name of Individual/School *(Complete only if the withdrawal is to be sent directly to the school.)*
  
  - Department / Office / Contact Name

  - Student ID *(A student identification number may be required by some schools.)*

  - Mailing Address

  - City

  - State

  - Zip

  - Telephone Number

- **Indirect rollover.** Send a check to me at my address of record. I will invest it in another qualified 529 plan within the next 60 days.

- **Non-qualified withdrawal to the Account Owner.** My withdrawal will not be used to pay for the Beneficiary’s qualified higher education expenses. *(You will receive a check at your address of record.)*

- **Non-qualified withdrawal to the Beneficiary.** My withdrawal will not be used to pay for the Beneficiary’s Qualified Higher Education Expenses. *(The Beneficiary will receive a check at the address you indicated in Section 2.)*

  *The IRS may require you to prove that your withdrawal is qualified. Consult the IRS or your tax advisor for current documentation requirements.*

  **The earnings portion of a non-qualified withdrawal is subject to federal and state income tax, and possibly, a 10% federal penalty tax unless you are requesting the withdrawal because the beneficiary has died, has become disabled, or has received a scholarship or acceptance into a military academy.*

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

I certify that I have read the Plan Description and Participation Agreement and understand the rules and regulations governing withdrawals from my SSGA Upromise 529 account. I also certify that the information provided on this form is true, complete and correct and hereby instruct SSGA Upromise 529 to make the withdrawal from my account as I have indicated.

**SIGNATURE**

Signature of Account Owner

**DATE (mm/dd/yyyy)**

DO NOT STAPLE