# ssga<sup>T</sup>promise529

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# 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:

For overnight delivery or registered mail, send to:

SSGA Upromise 529 P.O. Box 55578 Boston, MA 02205-5578

SSGA Upromise 529 95 Wells Ave., Suite 155 Newton, MA 02459-3204

#### **Account Owner information**





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## 2.

Beneficiary information Note: The Beneficiary's Social Security number or Individual Taxpayer Identification number is required to process this request.

Beneficiary Name (first, middle initial, last)			
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Social Security Number or Taxpayer Identification Number (1	⊣ (Required)		
Beneficiary Mailing Address			
City	State Zip C	ode	
Amount of withdrawal (Choose one. In n	most cases, we will process your request the same	e business day	we receive this form
A. <b>Full balance.</b> Withdraw the entire amo	ount held in all of the investment options in my ac	count, disconti	nue my Automatic
Investment Plan, if applicable, and close	e this account. Note: If you contribute to your acc		
you must notify your employer to cancel	l these contributions.		
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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 of Account Owner

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SSGA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, Inc. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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