

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)

Social Security Number or Taxpayer Identification Number (Required)

Beneficiary Mailing Address

City State Zip Code

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.
B. Partial balance of \$... proportionally from among my current investment options.
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 with 3 columns: Name of investment option, Dollar amount (For partial amounts.), and Total balance (Check if applicable.).

4. Reason for withdrawal (Choose **only one** of the following options.)

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

A. **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.)

B. **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**.)

C. **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

D. **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.

E. **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.)

F. **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 of Account Owner

Date (mm/dd/yyyy)



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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