## Edvest College Savings Plan

## **Withdrawal Request Form**



Your Partner in Saving for Higher Education

Monday to Friday 7 a.m. - 9 p.m. CT

1.888.338.3789

www.Edvest.com

Regular mailing address:

P.O. Box 219437

**Edvest College Savings Plan** 

Kansas City, MO 64121-9437

**Edvest College Savings Plan** 

1001 E 101st Terrace, Suite 200

Overnight mailing address:

Kansas City, MO 64131

- For faster processing, you can request a withdrawal online at Edvest.com.
   Note: You can also request most withdrawals by telephone.
- Use this form to request a full or partial Qualified Withdrawal, Non-Qualified Withdrawal or Indirect Rollover from your Edvest College Savings Plan 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. State tax treatment of withdrawals for K-12 expenses, apprenticeship expenses, and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Edvest College Savings Plan Description or consult with a tax advisor.
- The Edvest College Savings Plan is required to file IRS Form 1099-Q when you take a withdrawal from your Edvest College Savings Plan Account.
- A contribution must be invested with Edvest College Savings Plan for a period of 8 Business Days prior to withdrawal.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed.
- A Medallion Signature Guarantee may be required. See **Section 6** below.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below in **Section 6**.
- 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.

To request assistance in completing this form call us at **1.888.338.3789**, Monday through Friday from 7 a.m. – 9 p.m. CT.

Account Number	ccount Number							Last Four Digits of Account Owner Social Security Number or Taxpayer Identification Number ( <i>Required</i> )												
Account Owner or Ent	ity (First name,	(Required,																		
Account Owner or Ent	ity // act name	Poquired																		
Telephone Number	ıformatio	n																		
Delicificiary II				¬ —													٦.	٦	- —	
Beneficiary (First name	;)																JL			



## 3. Withdrawal Details (Choose only one of the following A, B, C, D, or E.) (Required)

**Important:** Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your account online or download the **Account Features Form** at **Edvest.com**.

**Note:** State tax treatment of withdrawals for K-12 tuition expenses, apprenticeship expenses and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Plan Description or consult with a tax advisor.

Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Withdrawals will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.

A	With	ıdraw	al to	the <i>F</i>	Acco	unt (	0w	ner	This	wil	l be	the	tax	res	por	sib	le pa	arty	vho	wii	II re	ceiv	e tl	ne I	RS I	Forr	n 10	)99-	·Q).			
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		K-12 7	Tuition	Ехрє	enses	;																										
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		Appre	ntices	hip																												
		Non-C	Qualifie	ed																												
B	With Note Note the ta	ndraw ndraw Qualif Non-Control with the With the The andraw ax responses. An log gnized	ral Typiced for Dualificandraw withd ral to ponsible by the	pe (C r high ed als us rawa an el ole pa e Edu e Dep	hoos er-ed sed to I will ligib ligib ligib ucation	e online on pay be solve of pa	y or for ent	expense of expense of the expense of	Example 1 the senses Beneare B	folla s eficia nefi ive ive	ary': cial	ng op s K-1 ry's a ry on Form	2 to ddr ly.	uitio ress ( <i>Pro</i> 199-0	on consonic	anr rec	not beord.	e ma	ade scho	pay pola	able addi	e to ress	the	Be low	nefi	Ciai	ry. Bern sec	<i>efic</i>	<i>iary</i> ary i	<i>wili</i>	l be	
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D	Withdrawal to third party (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-U).  Note: An MSG is required for third party withdrawals over \$10,000.
	Qualified for higher-education expenses
	K-12 Tuition Expenses
	Student Loan Repayment Services
	Apprenticeship
	Third Party Payee
	Mailing Address
	City State Zip Code
	Memo Line (if applicable)
3. <u> </u>	Expedited delivery. (Not available for P.O. Boxes, non street addresses or third party withdrawals A transaction charge of \$\\$ will be applied to your account.)  By Automated Clearing House (ACH) to Bank Account. (already on file).  Only available for withdrawal requests to Account Owner or Qualified withdrawals to the Beneficiary. Non-Qualified withdrawals to
	the Beneficiary must be sent via check.
	Please confirm bank information on file:
	Death Maria
	Bank Name Last four digits of Bank Account Number
Amo	ount of Withdrawal (Choose one.)
4. Γ	Full balance. Withdraw the entire amount held in all of the Investment Portfolios in my Account, discontinue my Recurring
Η	Contribution (if applicable), and close this Account.
3.	Partial Pro-Rated amount
	_ Partial Pro-Kated amount
	\$ Dollar Amount

6.

NOT STAPLE		ES_WID_WD_060223 — Page 4 of
C. Partial Fund Specific		
Important: If the dollar amount you indicate f		exceeds the amount available for withdrawal
as of the previous business day, we will liquid	ate the entire balance of that Inves	stment Portfolio.
	Dollar amount	OR Total balance
Name of Investment Portfolio	(For partial amounts.)	(Check if applicable.)
	\$ ,	
	\$,	
	<b>\$</b>	
	\$	
	<b>\$</b> ,	
	\$	
Signature and Certification — YOU MUS  By signing below, I certify that the information contain I authorize a withdrawal from my Account based on the on this Form and outlined in the Plan Description.	ed in this form, and in any required	
If this withdrawal is for Qualified Higher Education Expen	ses, I further certify that:	
<ul> <li>The requested withdrawal represents qualified high knowledge, no other request has been previously so or payment of this/these expenses by me or my Ber the Beneficiary for the applicable academic year ha</li> </ul>	Ibmitted to this Plan, or to any othe eficiary. To the best of my knowled	er Qualified Tuition Program, for reimbursement Ige, withdrawals for room and board expenses o
<ul> <li>If I am participating in Recurring Contributions, my Account balance (in all Investment Portfolios) but it unless an <b>Account Features Form</b> accompanies</li> </ul>	will continue if I have only reques	
• If I am making contributions by payroll direct depos of the amount withdrawn, unless I notify my employ		
Reimbursement for elementary or secondary tuition	payments may be sent to the Acco	ount Owner or third party payee only.
<ul> <li>For Minor Trust Accounts, including Uniform Gifts t I am the Trustee, or custodian, of this Account and to Minors Act (UGMA) or the Uniform Transfer to N Beneficiary.</li> </ul>	that this withdrawal is authorized (	under the Trust instrument, the Uniform Gifts
For Entity Accounts, including Minor Trust accounts	with a minor as the Beneficiary, I o	certify I am authorized by the Entity Account

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am withdrawing my entire Account balance, I request the cancellation of my Participation Agreement and the closure of my Account.

substantiate authorization for this transaction.

If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Medallion Signature Guarantee section.

Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to

SIGNATURE		
Signature of Account Owner or Authorized Representative of Entity	Date (mm-dd-yvyy)	

## Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDAL-LION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is \$100,000 or more, a Medallion Signature Guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- A Medallion Signature Guarantee is required for all Entity Accounts except Accounts owned by a trust so long as the Plan has trust
  documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting
  in a legal capacity as a representative of the individual Owner.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.
- If a Third party withdrawal request is greater than \$10,000, a Medallion Signature Guarantee must be provided.
- 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.

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 Edvest College Savings Plan Description.

SIGNATURE Signature of Account Owner	Authorized Officer to place stamp here
SIGNATURE	
Signature Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

