

(Please Print in Black Ink)

For assistance, please contact our CollegeAccess 529 Plan Investor Services at 866-529-7462, Monday through Thursday, 8:30am – 6:00pm and until 5:00pm on Friday, or visit our website at CollegeAccess529.com.

Please note our representatives do not offer investment advice or make recommendations about your investment(s).

Please send the completed form to one of the following addresses:

Regular Mail

CollegeAccess 529
P.O. Box 9898
Providence, RI 02940-8098

Overnight Mail

CollegeAccess 529
4400 Computer Drive
Westborough, MA 01581

Important Information

This form is for existing Account Owners and may be used to request a full or partial withdrawal from the CollegeAccess 529 Plan. Please carefully review the current Plan Disclosure Statement and Participation Agreement before completing this form. The Plan Disclosure Statement contains information pertaining to the possible tax implications, if any, of taking a withdrawal from the Plan.

Please Note:

- You can also request a distribution by telephone at 866-529-7462.
- You must submit a separate withdrawal request form for each beneficiary.
- The earnings portion of a nonqualified withdrawal from your account may be subject to federal income tax, state income tax, and an additional 10% federal tax. Please see the Plan Disclosure Statement for additional details.
- We are required to file IRS Form 1099-Q annually if you take a distribution from your CollegeAccess 529 Account.
- Withdrawals may be subject to the imposition of federal and state income taxes. An additional 10% federal tax penalty may also be applied to any earnings not used for Qualified Higher Education Expenses. It is your responsibility to become familiar with federal, state, or local taxes and consider tax treatment. You should consult your financial, tax or other professionals regarding the application of the pertinent tax rules to your particular circumstances.

1. Account Owner & Designated Beneficiary Information

Account Owner(s)	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Account Number(s)	
<input type="checkbox"/> By checking the preceding box, I authorize the Program Manager to replace any conflicting information and/or add any missing information to my account records, with regard to the address, email address and telephone numbers provided in this section.	Mobile Telephone Number	Evening Telephone Number
Designated Beneficiary (required)	U.S. Social Security Number	Date of Birth

2. Request for One-Time Distribution

I, the Account Owner, request a one-time distribution from my CollegeAccess 529 Account.

Choose one:

- Liquidate entire account.
- One-Time Partial Distribution of \$ _____

If you hold multiple portfolios, please provide the allocation below.

Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Total Amount \$ _____		or 100%

3. Request for Automatic Withdrawal Plan

There is a \$5,000 minimum balance requirement for each selected portfolio.

I, the Account Owner, request that you establish an Automatic Withdrawal Plan by which redemptions will be made:

Monthly Quarterly Beginning _____ (month/year)

I elect to take periodic distributions on the _____ day of the month. If no selection is made, withdrawals will run on or about the 15th of the month. If a frequency option is not selected, the withdrawal will automatically be scheduled for monthly processing.

If you hold multiple portfolios, please provide the allocation below.

Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Portfolio: _____	Amount: \$ _____	or Percentage: _____%
Total Amount \$ _____		or 100%

4. Payment Information

A Medallion Signature Guarantee may be required if:

1. The Total Distribution amount is in excess of \$50,000.
2. The distribution is to an address or bank account other than the address or bank account already on file.
3. The distribution is requested within 30 calendar days of an address change.
4. You are requesting Special Payee instructions be added to your account records.

Please choose only one of the following:

- Pay to Account Owner(s) by check (The check will be mailed to the Account Owner's address of record.)
- Pay to Account Owner's bank. (If your bank's information is not in our records, you must complete section 4b below and obtain a Medallion Signature Guarantee stamp.)
- Pay to Beneficiary by check (The check will be mailed to the Beneficiary's address of record.)
- Pay to the eligible educational Institution already on file on my CollegeAccess 529 account. **We strongly recommend that checks sent to a school be overnighted for tracking purposes; select the overnight option below.**
- Pay to an eligible educational institution not on file. (Complete section 4a (Special Payee Information) below.) **We strongly recommend that checks sent to a school be overnighted for tracking purposes; select the overnight option below.**
- Pay to Account Owner(s) by check to an address that is not on file. (Complete section 4a (Special Payee Information) below.) The distribution check will be sent to the address provided below. The address provided will be used for this distribution only and will not replace the existing address on my account. **A Medallion Signature Guarantee is required.**

Overnight Mail:

- Check here if you wish to have your check delivered via overnight mail for an additional fee of \$14.

4a. Special Payee Information (payment will be made to an educational institution or to an address not already on file.)

- Check this box if you would like us to keep the below special payee information on file for future distributions. **A Medallion Signature Guarantee is required for all Special Payees except for Educational Institutions listed on the Federal Student Aid Website (FAFSA.com).**

Eligible Educational Institution Name or that of the special payee

Student Name, ID (required) or other identifying Information. This information will appear on the check for the school's use.

Mailing Address Line 1—Note, A P.O. Box is not acceptable if delivering via overnight mail.

Mailing Address Line 2

City, State, Zip Code

4. Payment Information, continued

4b. Bank Account Information. A Medallion Signature Guarantee is required.


I/We hereby request that my CollegeAccess 529 account and my bank account be "linked" to allow purchases and/or withdrawals to be debited/credited upon my/our authorization, or authorization from the designated Financial Professional(s), and/or in accordance with the Auto-Invest instructions listed above.

The registered owner(s) name(s) must appear on the bank account. If the registered owner(s) is not listed on the bank account, please contact our office for additional requirements.

_____	_____	_____
Bank Name	Bank Routing Number	Account Type (Checking or Savings)
_____	_____	_____
Bank Account Holder's Name(s)	Bank Account Number	Bank Telephone Number

- Type of Account:**
- Checking Account** – An original voided check is required. Starter checks and photocopies will not be accepted.
 - Savings Account** – A letter from your bank, on bank letterhead and signed by a bank officer, confirming the banking information is required.

**Please attach
voided check here**

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
	
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IMPORTANT: The form must be submitted at least 10 business days prior to the first transaction for the banking information to be properly verified.

5. Signature and Agreement of Account Owner(s)

By signing below, I/we hereby certify that I/we have read, understand and agree to the terms and conditions set forth in both the Participation Agreement attached hereto, and the current Plan Disclosure Statement. Furthermore, I/we understand that the Internal Revenue Code allow only one rollover, per beneficiary during a 12-month period, without changing the beneficiary. Otherwise, a change in beneficiary is required, if a transaction is to be considered a rollover. **I/we understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I/we do not contact VP Distributors, LLC.** A rollover consists of a distribution from an account of a designated beneficiary that is transferred or deposited within 60 days of the distribution into an account for either the same beneficiary (subject to the 12- month limitation) or for another individual who is a member of the family of the previous designated beneficiary.

ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE COUNCIL, THE STATE OF SOUTH DAKOTA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL OR THE STATE OF SOUTH DAKOTA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PROGRAM MANAGER ON BEHALF OF THE COUNCIL, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE MY EMPLOYER, THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA, AND EACH OF THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND EMPLOYEES OF THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA, FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.

Signature (account owner, custodian, trustee, partner, officer, or authorized financial professional)

Date

Signature (joint owner, co-trustee, partner, or officer)

Date

6. Medallion Guarantee

All signature(s) and capacity in Section 6 must be Medallion Guaranteed. A Medallion Guarantee is required if:

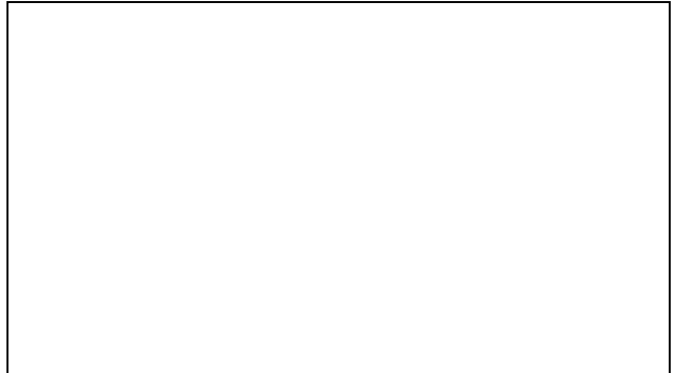
- The distribution will be sent to an address or bank account other than the address or bank account of record on file.
- The distribution is requested within 30 calendar days of an address change.
- You are requesting Special Payee instructions be added to your account records.

A Medallion Guarantee Stamp may be obtained from an eligible guarantor. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions, as defined by the Federal Deposit Insurance Act and registered Broker/Dealers.

Notarization from a Notary Public is not acceptable.

Please contact your financial institution in advance to determine their supporting documentation requirements, if any.

Place Medallion Guarantee Stamp Here



NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.

The **CollegeAccess 529 Plan** is issued by the South Dakota Higher Education Savings Trust. The Program Manager and Underwriter for the CollegeAccess 529 Plan is VP Distributors, LLC, One Financial Plaza, Hartford, CT 06103, 800-243-4361.