

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**

College Access 529  
P.O. Box 534436  
Pittsburgh, PA 15253-4436

**Overnight Mail**

College Access 529  
Attn: 534436  
AIM: 154-0520  
500 Ross Street  
Pittsburgh, PA 15262

### 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	
Mailing/Street Address	City, State, ZIP Code	
Email Address	Mobile Telephone Number	
Designated Beneficiary (required)	U.S. Social Security Number	Date of Birth

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.

### 2. Request for One-Time Distribution

Account Number: \_\_\_\_\_ Choose one:

**If you hold one portfolio:**

- Full Liquidation.
- One-time Partial Liquidation of \$ \_\_\_\_\_ units. (complete allocation below if you hold multiple portfolios)

**If you hold multiple portfolios:**

- Distribute pro rata based on the current portfolio percentages; OR.
- Distribute as indicated 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.

Withdrawal Amount \$ \_\_\_\_\_

Withdrawals will be sent at the frequency listed below:

Monthly  Quarterly Beginning \_\_\_\_\_ (month/year)

Day of the month for the withdrawal \_\_\_\_\_. If no selection is made, withdrawals will run on or about the 15<sup>th</sup> 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 of Withdrawal (must match Withdrawal Amount above) \$ \_\_\_\_\_ or 100%

### 4. Payment Information

Based on certain factors, a signature guarantee stamp may be required. Please refer to the Plan Disclosure Statement, the Signature Guarantee section of this form or call us at the number listed on this form for specific requirements.

If a payment method is not selected, you selected a method that requires a signature guarantee and you did not obtain the stamp, or an original voided check is required and we did not receive one, the payment will be issued as a check payable to the account owner and mailed to the address of record. The delivery method will remain in effect until we receive notice from you requesting a change.

A 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.
5. If the signer, acting in a fiduciary capacity on behalf of the account owner, is not named in the account registration.

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.**

**4. Payment Information, continued**

**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.

- The special payee information below will automatically be added to the account for future distributions unless otherwise specified.
- **A Medallion Signature Guarantee is required for all Special Payees except for Educational Institutions listed on the Federal Student Aid Website (<https://fsapartners.ed.gov/knowledge-center/library/resource-type/Federal%20School%20Code%20Lists>).**

Add special payee instructions to the account for future transactions. **No other transactions are to be processed at this time.**

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 PO Box is not acceptable if delivering via overnight mail.

Mailing Address line 2

City, State, Zip Code

**4b. Bank Account Information (A Medallion 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).

→ **One-Time Distribution** - May be sent to your bank electronically using two methods. ACH will be considered the default method if an election is not made. Choose one:

- Federal Fund Wire** – Initiates the next business day. Please check with the receiving custodian for alternative payment instructions. Your bank may charge a fee for this service.
- Automated Clearing House (ACH)** – Initiates within one to three business days.

→ **Automatic Withdrawal Plan** – For Automatic Withdrawal Plans, the form must be submitted at least 10 business days prior to the first transaction for the banking information to be properly verified.

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

Please complete the following section and include banking documentation, as indicated below, to have your withdrawals electronically transmitted to your bank account. If banking information is provided below, it will automatically be added to the new account for future transactions, unless otherwise specified.

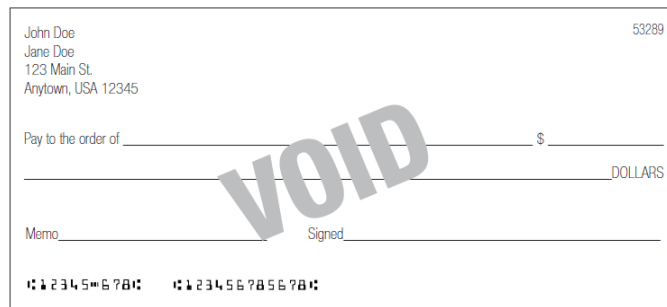
- Type of Account:**  **Checking Account** – An original voided check is required. Starter checks and photocopies will not be accepted.
- Savings (or Checking) Account** – A letter from your bank, on bank letterhead, signed by an officer of the bank, confirming the banking information is required.

Bank Name Bank Telephone Number

Bank Account Holder's Name(s)

Bank Routing Number Bank Account Number

Please attach voided check here:



**5. Authorizing Signature(s)**

All account owners or authorized signers of the account must sign this form. The signatures and capacity must be guaranteed if required as described in Section 6 below.

By signing below, I/we hereby certify that I/we have read, understand and agree to the terms and conditions set forth in the CollegeAccess 529 Plan Disclosure Statement and Participation Agreement. Furthermore, I/we understand that the Internal Revenue Code allows only one rollover, per beneficiary during a 12-month period, without changing the beneficiary. 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.

I/We authorize the Program Manager, their agents and affiliates to make the distribution, as outlined on this form. I/We acknowledge that by signing below, I/we am/are authorized to request such transaction. For the purpose of inducing the Program Manager, their agents and affiliates to act upon my/our instructions, I/we agree to fully indemnify and hold harmless the Program Manager, its agents including Virtus Fund Services and BNY Mellon Investment Servicing (US) Inc., and the affiliates, officers, directors, employees, successors and assigns of each, from and against any and all losses, liabilities, claims and costs of whatever kind (including reasonable attorneys' fees) resulting from or caused by transactions made in accordance with these instructions.

**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.**

Print Name Signature/Capacity Date

Print Name Signature/Capacity Date

Print Name Signature/Capacity Date

**6. Signature Guarantee**

A **Medallion Guarantee** is required for lump sum distributions that meet the following criteria: Distributions that are being sent to a bank account (not currently maintained on the account), the redemption check is to be made payable to someone other than the account owner/designated beneficiary and/or mailed to an address not presently on our records (except for special payees to Educational Institutions listed on the Federal Student Aid website), the distribution exceeds \$50,000.00, the address on the account or the designated beneficiary's address has been updated within 30 days, or if the signer, acting in a fiduciary capacity on behalf of the account owner, is not named in the account registration.

An **SVP (Signature Validation Program) Stamp\*** is required for the following circumstances: Withdrawals under the Automatic Withdrawal Plan are to be sent to a bank account not currently on file or mailed in check form to a special payee, if you are requesting that Special Payee instructions be added to your account records, or if the signer, acting in a fiduciary capacity on behalf of the account owner, is not named in the account registration.

\*In the event your bank or financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.

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.

An SVP (Signature Validation Program) Stamp may be obtained from eligible members of the Medallion Guarantee Program, including banks, Broker/Dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations.

**Notarization from a Notary Public is not acceptable.**

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

**Place 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.