

# Withdrawal Request Form

This form is for existing Account Owners, and may be used to request a full or partial withdrawal (Classes A, C, SD-A, SD-C or SD-D) 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.

If you have questions, please visit our website at **www.collegeaccess529.com**, or you can call your CollegeAccess 529 Plan Investor Services Representative toll-free, Monday through Friday, 8:30am–6:00pm Eastern Time, at **866-529-7462**.

Send completed form(s) to:

*via regular mail:*

CollegeAccess 529  
PO Box 219337  
Kansas City, MO 64121-9337

*via overnight courier:*

CollegeAccess 529  
430 W 7th Street STE 219337  
Kansas City, MO 64105-1407

Terms used in this withdrawal request form, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

## 1. Account Owner Information

### Account Owner/Custodian/Entity

First Name (or Trustee)	Middle Initial	Last Name	Social Security Number
Account Number	Exact Name of Trust or Corporation, if applicable		TaxID Number (of Trust or Corp., if applicable)

### Joint Tenant (required if a Joint Tenant is listed on your account)

First Name	Middle Initial	Last Name	Social Security Number
------------	----------------	-----------	------------------------

## 2. Beneficiary (Future Student) Information

First Name	Middle Initial	Last Name	Social Security Number
------------	----------------	-----------	------------------------

## 3. Request for One-Time Distribution (if selected, proceed to Section 5)

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

Fund Name or number	Percentage	Amount
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
	<b>Total</b>	<b>\$ _____</b>

Withdrawals may be subject to the imposition of federal and state income taxes. An additional 10% federal tax penalty also may be applied to any earnings not used for Qualified Higher Education Expenses.

## 4. Request for Automatic Withdrawal Plan (\$10,000 minimum balance for selected Fund)

I, the Account Owner, request that you establish an Automatic Withdrawal Plan by which redemptions will be made  Monthly  Quarterly on the \_\_\_\_\_ day (example 15<sup>th</sup> day) of the selected month or quarter beginning on \_\_\_\_\_ (insert date when Automatic Withdrawal Plan should begin). Checks will be mailed on or about the selected day of each month or quarter.

**Note: If a frequency option is not selected, the withdrawal will be automatically scheduled for monthly processing.**

Fund Name or number	Percentage	Amount
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
	<b>Total</b>	<b>\$ _____</b>

**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.**

**5. Payment Information (required) (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 5b 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 Eligible Educational Institution. (Complete Section 5a (Special Payee information) below.) For payment requests to the Eligible Institution’s Address in excess of \$10,000, a copy of the school’s invoice must be included with your withdrawal form. If you are unable to obtain an invoice, for security reasons a Medallion Signature Guarantee is required.
- Pay to Account Owner(s) by check to an address that is not on file. **(Complete Section 5a (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. **Medallion Signature Guarantee Required.**
- Check here if you wish to receive your check via overnight mail for an additional fee of \$10

**5a. 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. **Medallion Signature Guarantee Required.**

Eligible Educational Institution Name

Student Name, ID or other identifying information (This information will appear on both the mailing address and on the check)

Mailing Address (Line 1) - Note: A physical address must be referenced on the invoice. A P.O. Box is not an acceptable delivery address for these distributions.

Mailing Address (Line 2)

City

State

Zip

**5b. Bank Account Information (Medallion Signature Guarantee required).**

Type of account (Select one):  Checking Account  Savings Account

**IMPORTANT:** Please tape your pre-printed, voided check below (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

Account Name (Print title of your bank account exactly as it appears on your records.)

Account Number

Bank Name and Address

Bank Routing (ABA) number

Medallion Signature Guarantee may be required if:

1. Distribution is to an address or bank account other than the address or bank account of record on file.
2. Distribution requested within 30 calendar days of an address change.
3. Requesting Special Payee instructions be added to your account records.

**Medallion Signature Guarantee**—Required if you are requesting a distribution to a special payee, to an

address or bank account other than the address or bank account of record on your account, you are requesting a distribution in excess of \$10,000 to be sent directly to an educational institution and are unable to provide an invoice, if you would like the special payee information to be retained for future distributions, or if the address to which you’ve requested the distribution to be sent has changed within the past thirty (30) calendar days.

**6. Signature and Agreement of Account Owner(s)**

By signing below, I/we hereby request that a withdrawal be made from my/our CollegeAccess 529 Plan Account, as indicated above, and upon such withdrawal do agree, represent and warrant that I/we have read, understand and agree to the terms and conditions set forth in both the current Participation Agreement and Plan Disclosure Statement. I/we understand that I/we assume all investment risk of an investment in the Program, including the potential loss of principal.

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 of Account owner

Date

Signature of joint owner

Date

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.