

Withdrawal Request Form

Complete this form and return to:

CollegeAdvantage Guaranteed 529 Savings Plan
P.O. Box 219305
Kansas City, MO 64121-9305

Instructions:

- You can request a withdrawal online at www.CollegeAdvantage.com when you log in to your Account.
- If requesting a withdrawal by mail, this original form must be used. We cannot accept faxes, copies, or email attachments.
- Please print in blue or black ink.
- If withdrawal amount is over \$10,000, this form must be notarized (see back).
- A withdrawal may have tax consequences depending on how it is used. You may wish to consult a tax advisor prior to requesting a withdrawal.
- **SIGNATURE REQUIRED** on last page.

1 Account number

Please provide your CollegeAdvantage Guaranteed 529 Savings Plan account number.

2 Account Owner information

_____ M.I. _____
Account Owner's first name Last name

_____-_____-_____
Account Owner's Social Security Number

(_____) _____ - _____ (_____) _____ - _____
Home phone/cell phone Work phone

3 Beneficiary information

_____ M.I. _____
Beneficiary's first name Last name

_____-_____-_____
Beneficiary's Social Security Number

4 Reason for withdrawal

Choose one option below:

- Funds will be used for qualified higher education expenses.** Account Owner is responsible for maintaining records substantiating use of funds for tax purposes.
- Funds are not going to be used for higher education expenses.**
- Rollover assets from my existing CollegeAdvantage Guaranteed 529 Account to the CollegeAdvantage Direct 529 Plan or the CollegeAdvantage Advisor 529 Plan.**
- Rollover withdrawal to establish an account in another 529 Plan. (not a CollegeAdvantage Plan)**

Documentation required for the following types of withdrawals:

- Permanent disability of Beneficiary.** Attach a doctor's letter stating that the Beneficiary is unable to attend any eligible educational institution because of injury or illness expected to continue indefinitely or result in death.
- Death of Beneficiary.** Attach a certified copy of Beneficiary's death certificate with name and Social Security Number.

5 Educational institution and student I.D. number

Please provide the name and address of the educational institution below. Use the address of the Bursar's Office or the address found on the invoice from the school.

Name of institution (plus branch, if applicable)

Institution's mailing address

City

State

ZIP code

Beneficiary's student I.D. number (the student's unique identifier assigned by this school)

_____ - _____

Academic year (e.g., 2011-2012)

Term

(check all that apply)

Fall

Spring

Winter

Summer

First Semester

Second Semester

6 Amount requested

Indicate the amount to be withdrawn or rolled over from your CollegeAdvantage Guaranteed 529 Savings Plan. Tuition units/credits will be withdrawn on a first-in, first-out basis. Please verify your account balance before requesting a withdrawal or rollover.

If the dollar amount specified exceeds that amount available in the Account, we will disburse only the amount available at that time.

Withdrawal/Rollover Amount: \$ _____, _____ . _____ **OR** 100%

7 Withdrawal recipient

Choose one option below:

- Send withdrawal directly to the educational institution named in Section 5 above. The Beneficiary must be enrolled at the institution before funds can be disbursed. The end of year 1099-Q tax form will be sent to the Beneficiary. **Go to Section 9.**
- Send withdrawal to Account Owner or Beneficiary. The end of year 1099-Q tax form will be sent to the withdrawal recipient. **Complete Section 8.**
- Send withdrawal/rollover to my CollegeAdvantage Direct 529 Plan Account or my CollegeAdvantage Advisor 529 Plan Account (BlackRock). **Complete Section 8.**
- Send withdrawal/rollover to another 529 Plan (not a CollegeAdvantage Plan). This withdrawal will be sent via check. The end of year 1099-Q tax form will be sent to the Account Owner. **Complete Section 8.**

We can only send a withdrawal to one person or entity. If you wish to have funds sent to more than one recipient, you must complete two forms.

8 Withdrawal method (Required if not being sent to educational institution)

Electronic funds transfer (EFT)

Please complete if you wish the withdrawal sent to the Account Owner or Beneficiary's bank account via EFT.

Pay by EFT to: Account Owner's bank account Beneficiary's bank account

Type of account:

Checking account

Savings account

Routing number (first set of 9 numbers
at the bottom left corner of your check);
or call your bank to obtain.

Account number (second set of numbers at the bottom of your check)

Check

Please complete if you wish the withdrawal rollover sent to the Account Owner or Beneficiary via check. Please allow adequate time for check payment due to extended processing requirements.

Choose the payee below:

Check made payable to Account Owner.

Check made payable to Beneficiary.

*Check made payable to Ohio Tuition Trust Authority (CollegeAdvantage Direct 529 Savings Plan Account

Direct Plan Account number _____ - _____

*Check made payable to BlackRock CollegeAdvantage (CollegeAdvantage Advisor 529 Savings Plan offered by BlackRock)

Advisor Plan, BlackRock Account number _____

Check made payable to another 529 Plan (not a CollegeAdvantage Plan).

Name of new 529 Plan (not a CollegeAdvantage Plan)

Mail to the address below:

Account Owner's address of record.

Address listed below.

If the address below is different from the Account Owner's address of record, or if the check is payable to another 529 Plan, a notarized signature is required in Section 9 on back.

Mailing address

City

State

ZIP code

*Withdrawals/rollovers to CollegeAdvantage Direct or CollegeAdvantage Advisor (BlackRock) will be mailed to the Plan.

Signature required on back ➔

9

Signature

I request the withdrawal indicated herein. The Ohio Tuition Trust Authority is entitled to rely on this request and is released from any and all claims I may have or hereafter have with respect to the withdrawal. I understand the amount withdrawn should be reported to my financial aid office. I certify the information provided herein is true and accurate, and complies with the terms and conditions of the *CollegeAdvantage Offering Statement and Participation Agreement*. I further certify that both my Social Security Number and that of the Beneficiary set forth in Sections 2 and 3 are true, correct, and complete and that the numbers are our Social Security Numbers or Taxpayer Identification Numbers (TIN).

Print name of Account Owner

Signature of Account Owner (Required)

____ - ____ - ____

Signature date (mm/dd/yyyy)

Additional verification requirements: NOTARY SEAL (only required in very limited circumstances, as outlined below):

- 1) Account Owner change of address was done within the last 15 days.
- 2) Withdrawal address is different from Account Owner's address of record.
- 3) Check is payable to another 529 Plan (not a CollegeAdvantage Plan.)
- 4) Withdrawal amount is over \$10,000.

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Account Owner

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date

BENEFICIARY SIGNATURE (ONLY REQUIRED IN VERY LIMITED CIRCUMSTANCES)

Beneficiary signature is required if account includes funds invested in the suspended Guaranteed Savings Fund AND it was opened before 10/1/1996 AND Beneficiary is 18 or older AND Account Owner has not previously submitted a *Pre-1996 Ownership Amendment Form* to the Ohio Tuition Trust Authority. Only if **ALL** of these conditions apply is Beneficiary signature required.

Print name of Beneficiary

Signature of Beneficiary

____ - ____ - ____

Signature date (mm/dd/yyyy)

If Beneficiary's signature is required, it must be notarized.

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Beneficiary

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date