



Edvest College Savings Plan Withdrawal Request Form

Questions? Call toll-free 1.888.338.3789
Or write to the Plan at PO Box 55189 Boston, MA 02205-5189
Visit www.Edvest.com

- Complete a separate form for each type of withdrawal for each designated payee and/or for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date the form, mail it to the Plan at the above address.
- A Medallion Signature Guarantee¹ is required in Section 6: (i) for withdrawal requests of \$100,000 or more; (ii) for an entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner or (iii) if the address on the account has been changed or the Account was transferred to a new Account Owner in the past 30 days.

1 Account Information

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Account Number

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Account Owner Telephone Number

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Account Owner Name (First, MI, Last)

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Beneficiary Name (First, MI, Last)

2 Select a Payee

- Account Owner** (This will be the tax responsible party who will receive the 1099Q form).
- Beneficiary** (This will be the tax responsible party who will receive the 1099Q form).
- School** (The beneficiary will be the tax responsible party who will receive the 1099Q form).
You will need your beneficiary's student ID to complete this withdrawal.

PLEASE NOTE: It generally takes 7-10 business days for the school to receive the check and additional time for processing. If you need it sooner, please contact our telephone representatives at the telephone number above.

3 Withdrawal Information

Tell us how much to withdraw from this Account. Write a specific amount or "ALL" next to each Investment Option.

Investment Option Name <i>(write in the option name(s) from the list)</i>	Indicate a specific amount or write "ALL"										
	\$,						.	
	\$,						.	
	\$,						.	
	\$,						.	
	\$,						.	
Total Withdrawal Amount	\$,						.	

Note: Funds cannot be withdrawn until 10 days after the receipt of each contribution. If applicable, a separate payment will be made to the payee designated in Section 5 once the units are available for withdrawal.

- This withdrawal is not being used for qualified higher education expenses. This information is being collected on behalf of the Plan and will not affect how your withdrawal will be reported to the Internal Revenue Service. For more information about withdrawals, please refer to the Plan Disclosure Booklet. You should consult with a qualified advisor regarding how tax laws may apply to your particular circumstances.

¹ A Medallion Signature Guarantee is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

Investment Option Names		
Age-Based Option	Active-Based Growth Portfolio (3433)	International Equity Index Portfolio (3440)
Aggressive Age-Based Option	Active-Based Moderate Growth Portfolio (3434)	Bond Index Portfolio (3441)
Index-Based Aggressive Portfolio (3427)	Active-Based Conservative Growth Portfolio (3435)	U.S. Equity Active Portfolio (3442)
Index-Based Growth Portfolio (3428)	Active-Based Income Portfolio (3436)	U.S. Equity Index Portfolio (3443)
Index-Based Moderate Growth Portfolio (3429)	Balanced Portfolio (3437)	Social Choice Portfolio (3444)
Index-Based Conservative Growth Portfolio (3430)	Large-Cap Stock Index Portfolio (3438)	Bank CD Portfolio (3445)
Index-Based Income Portfolio (3431)	Small-Cap Index Portfolio (3439)	Principal Plus Interest Portfolio (3446)
Active-Based Aggressive Portfolio (3432)		

4 Systematic Withdrawal Information *(Optional)*

By completing this section you authorize the Plan to systematically withdraw funds from your account and to pay such amounts to the payee indicated in section 2. These systematic withdrawals will continue until the Investment Option(s) from which the systematic withdrawal is made has insufficient funds to continue making these payments, or you advise the Plan in writing to stop making such payments.

✓ **Select the frequency of your systematic withdrawals.**

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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✓ **Select the month(s) of your systematic withdrawals.**

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

✓ **Select the date(s) of your systematic withdrawals.**

<input type="checkbox"/> 1st	<input type="checkbox"/> 15th	<input type="checkbox"/> Other _____
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5 Select a Delivery Method

Check this box for overnight delivery *(Optional, \$15 will be deducted from your Account.)*

Pay by Check *(A check will be mailed to your or your beneficiary's address of record.)*

Pay by Electronic Funds Transfer (EFT) *(Funds will be received by your or your beneficiary's bank between 1-3 business days.)*

You may select this option only if your banking information has been on file for at least 30 days and it has been verified by your bank. Before selecting this option, you may call to confirm your bank account information.

- Your bank account will be credited separately for the amount of contributions and earnings, if any, withdrawn from **each** Investment Option. Depending upon the number of Investment Options you own, you could receive multiple deposits into your bank account.
- If you select this method but you do not have a bank account on file or if your banking information has been added or changed within 30 days, a check will be mailed to your address of record.

Pay to Eligible Educational Institution *(A check will be mailed to the institution designated below.)*

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school. **Note:** Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.

Eligible Educational Institution Name (School)

Student Name, ID or other Identifying Information (This information will appear only on the check.)

School Mailing Address (Line 1)

School Mailing Address (Line 2)

School City, State, Zip

6 Signature and Authorization (YOU MUST SIGN BELOW.)

By signing below, I certify that the information contained in this Form, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented here, and in the Plan Disclosure Booklet and Participation Agreement.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that the requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an *Electronic Banking Information Form* accompanies this form.

- **If I am making contributions by payroll deduction**, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer that I want to stop, or change the amount of my payroll deduction.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner a Medallion Signature Guarantee appears below.) If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

Signature of Account Owner

Date (month/day/year)

Medallion Signature Guarantee – IF APPLICABLE

If you recently made a change to your mailing address or to your banking information on file, the Plan will not be able to send your redemption proceeds for 30 days after the receipt of this request UNLESS you provide a Medallion Signature Guarantee. You will also need to provide a Medallion Signature Guarantee if you are requesting a withdrawal of \$100,000 or more.

A Medallion Signature Guarantee is also required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account 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.

Note: A Medallion Signature Guarantee is not required if a *Plan Power of Attorney* Form is on file for an Individual Account, or if a *Plan Power of Attorney* Form accompanies this form.



Overnight Mail
Edvest College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail
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P.O. Box 55189
Boston, MA 02205-5189

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GUARANTOR TO AFFIX STAMP HERE