



Withdrawal Request Form

Complete and return to: CollegeAdvantage 529 Savings Plan, P.O. Box 692196, Cincinnati, OH 45269-2196. For more information log-on to www.collegeadvantage.com or call 1-800-AFFORD-IT (233-6734).

INSTRUCTIONS:

Use this form to request a withdrawal from your CollegeAdvantage account. This withdrawal may have tax consequences depending on how the distribution is used. You may wish to consult your tax advisor prior to requesting a withdrawal.

This original form must be used. We will not accept faxes or photocopies.

1 Account number (Required)

Please indicate your CollegeAdvantage account number

2 Account Owner information (Required)

Account Owner's first name

MI

Last name

Account Owner's Social Security number

Home phone

Work phone

3 Beneficiary information (Required)

Beneficiary's first name

MI

Last name

Beneficiary's Social Security number

4 Reason for withdrawal (Required)

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 withdrawal to another Section 529 Qualified Tuition Program.**

Substantiation 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 (Required for higher education expenses only)

Please indicate below the name and address of the educational institution. 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)

[Redacted name field]

Institution's mailing address

[Redacted address field]

City

[Redacted city field]

State

[Redacted state field]

ZIP code

[Redacted ZIP code field]

Academic year (e.g., 2007-2008)

[Redacted academic year field]

Term (check one)

Fall

Winter

Spring

Summer

6 Amount requested (Required)

Indicate each CollegeAdvantage Investment Option from which the withdrawal should be funded. Please verify the account balance before requesting a dollar amount. Funds must be on account at least 15 days prior to distribution. Distribution amounts over \$10,000 will require a signature guarantee on this form (see back).

Investment Option code

Funds requested

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

TOTAL

\$ [Redacted total amount]

Please refer to the *Investment Option Selection Guide* for a list of all CollegeAdvantage Investment Options and their corresponding codes.

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

If you currently make automatic contributions, your transactions will continue to occur unless otherwise specified. To stop or change an electronic funds transfer (EFT), you must complete an *Electronic Funds Transfer (EFT) Authorization Form*, in addition to this form. If you participate in payroll deduction, please see your employer to stop or change the deduction.

CD LIQUIDATION (complete only if you are liquidating a CD)

If you are redeeming a CD, enter the letters "CD" followed by the term of the CD in months. For example: the code for a 5-year CD (60 months) is CD060. The certificate number must also be included. If you do not request 100% of the CD proceeds, the remaining balance will be put in a 529 savings account.

Early redemption penalty: If you redeem a 3- to 11-month CD before at least half the stated term is over, or a 12- to 144-month CD before at least a third of the term is over, you may lose all interest accrued and possibly part of your principal. Call us at 1-800-AFFORD-IT (233-6734) if you do not know the maturity date of your CD.

Investment Option code

Funds requested

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

CD certificate number

[Redacted CD certificate number field]

[Redacted code]

\$ [Redacted amount]

OR 100% of Option

CD certificate number

[Redacted CD certificate number field]

If requesting a withdrawal from a 529 CD that has not yet matured, we need your instructions as to how to proceed:

Process with early redemption penalty.

Hold and process at maturity. Maturity date must be within 30 days of OTTA's receipt of this form and cannot cross calendar year (i.e., withdrawal request received December 20, maturity date January 4). If maturity date is more than 30 days away, or maturity date occurs in the next calendar year, CD will be liquidated upon OTTA's receipt of this form, and the applicable early redemption penalty will be applied to the redemption.





7 Distribution recipient (Required)

Choose one option below:

- Send distribution 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 distribution to Account Owner or Beneficiary. The end of year 1099-Q tax form will be sent to the distribution recipient. **Complete Section 8.**
- Send distribution to another Section 529 Qualified Tuition Program. This distribution will be sent via check. The end of year 1099-Q tax form will be sent to the Account Owner. **Complete Section 8.**

8 Distribution method (Required if not being distributed to educational institution)

Electronic funds transfer (EFT)

Please complete if you wish the distribution 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 (Routing number: See example at right.)
- Savings account (Routing number: Call your bank to obtain.)

Routing number (first set of 9 numbers)

Account number (second set of numbers)

JOHN DOE		1101	
1124 Maple St.		Date _____	
Tampa, FL 33602			
Pay to the order of	\$	_____ Dollars	
YourBank			
YourBank of Tampa Tampa, FL			
For _____			
: 10101001 :		0551005115100 1101	

Routing Number

Account Number

Check

Please complete if you wish the distribution 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 another Section 529 Qualified Tuition Program.

Name of new Section 529 Qualified Tuition Program

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 Section 529 Qualified Tuition Program, a signature guarantee is required in Section 9 on back.

Mailing address

City

State

ZIP code

Signature required on back →





9 Signature (Required)

I request the distribution indicated herein. The CollegeAdvantage Program Administrators are entitled to rely on this request and are released from any and all claims I may have or hereafter claims to have with respect to the distribution. 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 Taxpayer Identification Numbers (TIN).

Print name of Account Owner

Signature of Account Owner

Signature date (month, day, year)

PLACE SIGNATURE
GUARANTEE STAMP HERE
(if applicable—see right)

**Not required if payment is made
directly to school.**

A signature guarantee, also called a medallion signature guarantee, is a stamped or typed assurance by a financial institution that indicates a signature is valid. A Notary signature and stamp ARE NOT acceptable for this form. CollegeAdvantage requires a signature guarantee stamp when a disbursement is issued and the:

- 1) Account Owner change of address was done within the last 15 days.
- 2) Distribution address is different from Account Owner's address of record.
- 3) Check is payable to another 529 plan.
- 4) Distribution amount is over \$10,000.

Beneficiary signature is required if account was opened before 10/1/1996 and Account Owner has not previously submitted a *Pre-1996 Ownership Amendment Form* to the Ohio Tuition Trust Authority.

Print name of Beneficiary

Signature of Beneficiary

Signature date (month, day, year)

PLACE SIGNATURE
GUARANTEE STAMP HERE
(if applicable—see right)

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CollegeAdvantage Investment Options	Code
Age-Based Options	
Vanguard Conservative Age-Based Option	VCAB
Vanguard Moderate Age-Based Option	VMAB
Vanguard Aggressive Age-Based Option	VAAB
Putnam Conservative Age-Based Portfolio	CNA
Putnam Moderate Age-Based Portfolio	MDA
Putnam Aggressive Age-Based Portfolio	AGA
Capital Preservation Options	
Fifth Third 529 Savings Account	FTSAV
Fifth Third 529 Certificate of Deposit	CD ____ (plus number of months)
<p>CD terms are available between 3 months to 144 months (12 years). If you are selecting a CD as one of your Investment Options, please enter the letters CD followed by the desired term of the CD (number of months). For example: the code for a 5-year CD (60 months) is CD060, a 10-year CD (120 months) is CD120. CDs require a \$500 minimum investment.</p>	
Vanguard Prime Money Market Option	VPMM
Putnam Stable Value Option	STV
Fixed-Income Options (Bonds)	
Vanguard Inflation-Protected Bond Option	VIPB
Vanguard Income Portfolio	VINC
Putnam Income Option (Investment Grade Bond)	ING
Vanguard Total Bond Market Index Option	VTBM
Putnam High Yield Trust Option (High Yield Bond)	HIY
Balanced Options (Blend of Stocks and Bonds)	
Vanguard Conservative Growth Index Portfolio	VCGP
Vanguard Moderate Growth Index Portfolio	VMGP
Vanguard Balanced Index Option	VBIO
Putnam Balanced Portfolio	BAL
Vanguard Growth Index Portfolio	VGIP
Putnam Growth Portfolio	GRW
Equity Options (Stocks)	
Vanguard Aggressive Growth Index Portfolio	VAGP
Putnam Aggressive Growth Portfolio	EQT
Vanguard 500 Index Option	V500
Putnam Equity Income Option (U.S. Equity Income)	EQI
Putnam Voyager Option (U.S. Large Cap Equity Growth)	LCG
Putnam New Value Option (U.S. All Cap Equity Value)	ACV
Putnam New Opportunities Option (U.S. All Cap Equity Growth)	ACG
Vanguard Extended Market Index Option	VEMI
Putnam Capital Opportunities Option (U.S. Small Cap Equity Blend)	SCB
Vanguard Developed Markets International Stock Index Option	VDIM
Putnam International Equity Option (International Large Cap Equity Blend)	ILC

Guaranteed Savings Fund

GAR

(Enrollments and contributions to the Guaranteed Savings Fund are temporarily suspended. Please use the code "GAR" for processing withdrawals, transfers, reallocations or rollovers from the Guaranteed Savings Fund.)