



**Edvest™**  
 WISCONSIN'S COLLEGE  
 SAVINGS PLAN

**Edvest College Savings Plan  
 Withdrawal Request Form**

**Questions?** Call toll-free 1.888.338.3789  
 Or write to the Plan at P.O. Box 219437, Kansas City, MO 64121-9437  
 Visit [www.Edvest.com](http://www.Edvest.com)

- For quicker processing, you can request a withdrawal online at [www.Edvest.com](http://www.Edvest.com).
- Complete this form to request a qualified or nonqualified withdrawal from your account for each designated payee and/or for each Beneficiary. Note: The earnings portion of a nonqualified withdrawal is subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. State tax treatment of K-12 withdrawals is determined by the state(s) where the taxpayer files state income tax. Please see the *Disclosure Booklet* for more information.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.

**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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Account Owner Email Address

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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 – Colleges and Universities only** (The beneficiary will be the tax responsible party who will receive the 1099Q form.)  
 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.
- Third Party (Including elementary or secondary schools)** (The Account Owner will be the tax responsible party who will receive the 1099Q form.) A check will be mailed to the address provided in section 5.

**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"								
	\$			,				.	
	\$			,				.	
	\$			,				.	
	\$			,				.	
<b>Total Withdrawal Amount</b>	\$			,				.	

- This withdrawal is **not** being used for qualified 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 tax advisor regarding how tax laws may apply to your particular circumstances.

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

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 2 once the units are available for withdrawal.

#### 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"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
	<input type="checkbox"/> July	<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, Tuition Payment Service/Plan, or Other Third Party** *(A check will be mailed as 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) Tuition Payment Plan/Service or Other Third Party Payee*

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

*School, Tuition Payment Plan/Service, or Other Third Party Payee Mailing Address (Line 1)*

*School, Tuition Payment Plan/Service, or Other Third Party Payee Mailing Address (Line 2)*

*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

A Medallion Signature Guarantee is required: (i) for all entity Accounts except Accounts owned by a trust so long as the Plan has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner; or (ii) if the address on the account has been changed within the past 30 days, if the Account was transferred to a new Account Owner in the past 30 days or if the bank account has been changed in the past 30 days and the redemption is being sent to the bank of record. A Medallion Signature Guarantee is required for all withdrawal requests of \$100,000 or more. 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 **unless** the withdrawal request is \$100,000 or more.

#### Mail this form to:

##### Overnight Mail

Edvest College Savings Plan  
430 W 7<sup>th</sup> Street, Suite 219437  
Kansas City, MO 64105-1407

##### Regular Mail

Edvest College Savings Plan  
P.O. Box 219437  
Kansas City, MO 64121-9437



A13627:11/18

GUARANTOR TO AFFIX STAMP HERE