

# Withdrawal Request Form

**CollegeCounts**<sup>SM</sup>  
Alabama's 529 Fund

PO Box 85290  
Lincoln, NE 68501-5290  
CollegeCounts529.com

- Request a withdrawal online at CollegeCounts529.com.  
– or –
- Complete this Withdrawal Request Form to request a withdrawal from your CollegeCounts 529 Fund Account. This form must be signed and dated.
- Return this completed form to:
  - Regular Mail:**  
CollegeCounts 529 Fund  
PO Box 85290  
Lincoln, NE 68501-5290
  - Overnight Mail:**  
CollegeCounts 529 Fund  
6811 S. 27th Street  
Lincoln, NE 68512
- For assistance, call toll-free: 866.529.2228.

## 1 Current Account Information

If this is a new address, please have your signature guaranteed in Section 6.

Account Owner's Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>	Account Owner's Social Security Number or Taxpayer ID Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>		
Beneficiary's Name	<input type="text"/>	Beneficiary's Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 2 Withdrawal Amount

Select one. If the withdrawal is greater than \$50,000, please have your signature guaranteed in Section 6.

- Partial Liquidation of \$**
- Total Account Balance**
- Total Account Balance and Close Account** (Cancel my automatic investment plan, if applicable.)

## 3 Payment Instructions

Please select one option only.

- Account Owner** – A check payable to the Account Owner will be mailed to the address listed in Section 1.
- Beneficiary** – A check payable to the Beneficiary listed in Section 1 will be mailed to the following address:

Beneficiary's Address

City, State, ZIP

**Institution of Higher Education** – A check payable and mailed to the following qualified higher education institution (provide the school information below **and** provide a copy of the invoice or the remittance portion of the invoice from the school):

\_\_\_\_\_  
Name of Qualified Higher Education Institution

\_\_\_\_\_  
Department or Office

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Student ID Number

**Electronic Deposit (ACH) to the bank account of the Account Owner** (check A or B)

**A. Bank account of the Account Owner on file** with the CollegeCounts 529 Fund.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Name on Bank Account

**B. Bank account of the Account Owner not on file** with the CollegeCounts 529 Fund. Complete this section if you wish to have your withdrawal sent electronically to your bank and your bank information is not on file with the CollegeCounts 529 Fund. Please have your signature guaranteed in Section 6.

1. **Bank Name:** \_\_\_\_\_

2. **Bank Routing Number:**

3. **Bank Account Number:** \_\_\_\_\_

4. **Name on Bank Account:** \_\_\_\_\_

5. **Account Type:**     Checking     Savings

YOUR NAME \_\_\_\_\_ 123  
PAY TO THE \_\_\_\_\_ 12 - 34  
**TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.** \$ \_\_\_\_\_  
\_\_\_\_\_  
DOLLARS  
BANK NAME AND ADDRESS \_\_\_\_\_  
MEMO \_\_\_\_\_  
:123456789:    34568:  
**VOID**

Bank Routing Number

Bank Account Number

## 4 Survey Information

In order to help us track the utilization of the CollegeCounts 529 Fund in helping families save and pay for college expenses, we ask you to take a moment to provide the following information:

### The proceeds of this withdrawal will be used

- at an Alabama institution of higher education \_\_\_\_\_  
Name of School City
- at an out-of-state institution of higher education \_\_\_\_\_  
Name of School City, State
- other \_\_\_\_\_

## 5 Authorization

I hereby request the Withdrawal as indicated. The CollegeCounts 529 Fund is entitled to rely on this request and is released from any and all claims I may have or hereafter claims with respect to the Withdrawal. I certify the Social Security numbers given in Section 1 are correct and that all information contained herein is true and correct. I certify that no other request has been previously submitted for this reimbursement or payment for these expenses from this Plan or any other qualified tuition program. I am also aware that I am responsible for retaining the necessary substantiation as may be required by the IRS for verification of Qualified Withdrawals.

If the Account is an UTMA/UGMA account, I further certify that I am the Custodian of the Account and that the Withdrawal request is necessary for the welfare of the Beneficiary. If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this Withdrawal.

Union Bank & Trust Company may correct any electronic deposit (ACH) transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Account.

### Signature and Date Required

X

Signature of Account Owner

Date

## 6 Medallion Signature Guarantee

A Medallion Signature Guarantee is required if:

- The address provided in Section 1 has changed in the last 30 days.
- The bank account information in Section 3 is not already on file with the CollegeCounts 529 Fund.
- The withdrawal request is greater than \$50,000.

### MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:

Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program. (A NOTARY SEAL IS NOT ACCEPTABLE.)



Offered by the  
State of Alabama

UBT 529 Services a Division of

**UB UNION BANK**  
& TRUST COMPANY®

Program Manager