

Withdrawal Request Form

Return this Form to:

CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:

CollegeCounts 529 Fund
1248 O Street, Suite 200
Lincoln, NE 68508

You can also request a withdrawal online at
CollegeCounts529.com

If you have questions, please call us at **866.529.2228**,
Monday–Friday, 7 a.m. to 6 p.m. (Central).

1. Current Account Information

Account Number: _____

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Social Security Number or Taxpayer Identification Number: _____

Daytime Phone Number: _____

Beneficiary Legal Name (First, M.I., Last): _____

Beneficiary Social Security Number or Taxpayer Identification Number: _____

2. Type of Withdrawal

See the Program Disclosure Statement for a general explanation of Qualified and Non-Qualified Withdrawals and possible tax and penalty considerations. Consult your tax advisor, the IRS, or the Alabama Department of Revenue.

☐ **A. Qualified Withdrawal**

IRS Publication 970 defines qualified education expenses as follows: These are expenses related to enrollment or attendance at an eligible educational institution. As shown in the following list, to be qualified, some of the expenses must be required by the institution and some must be incurred by students who are enrolled at least half-time.

1. The following expenses must be required for enrollment or attendance of a Designated Beneficiary at an eligible educational institution.

- a. Tuition and fees
- b. Books, supplies, and equipment

2. Expenses for special needs services needed by a special needs beneficiary must be incurred in connection with enrollment or attendance at an eligible educational institution.

3. Expenses for room and board must be incurred by students who are enrolled at least half-time. The expense for room and board qualifies only to the extent that it is not more than the greater of the following two amounts.

- a. The allowance for room and board, as determined by the eligible educational institution, that was included in the cost of attendance (for federal financial aid purposes) for a particular academic period and living arrangement of the student
- b. The actual amount charged if the student is residing in housing owned or operated by the eligible educational institution

You will need to contact the eligible educational institution for qualified room and board costs.

4. The purchase of computer or peripheral equipment, computer software, or Internet access and related services if it is to be used primarily by the beneficiary during any of the years the beneficiary is enrolled at an eligible educational institution. (This does not include expenses for computer software for sports, games, or hobbies unless the software is predominately educational in nature.)

2. Type of Withdrawal *(continued from previous page)*

☐ **B. Non-Qualified Withdrawal** (Taxable Distribution)

The withdrawal will not be used for the qualified higher education expenses of the Designated Beneficiary.

NOTE: The earnings portion of a Non-Qualified withdrawal is subject to federal and state income tax, as well as an additional 10% federal penalty tax, and for Alabama state income tax purposes the amount of the Non-Qualified withdrawal, plus 10% of the amount withdrawn, must be added back to the income of the person who made the contribution to the CollegeCounts 529 Direct Plan Fund. Please consult your tax professional. Generally, if you receive a taxable distribution, you also must pay a 10% additional tax on the amount included in income.

☐ **Taxable Withdrawal due to:** (Check One)

Generally, if you receive a taxable distribution, you also must pay a 10% additional tax on the amount included in income. **Exceptions:** The 10% additional tax does not apply to distributions made on account of:

- | | |
|---|---|
| <input type="checkbox"/> 1. Death of the Beneficiary | <input type="checkbox"/> 3. Beneficiary's attendance at a United States Military Academy |
| <input type="checkbox"/> 2. Disability of the Beneficiary | <input type="checkbox"/> 4. Receipt of a scholarship by the Beneficiary (limited to scholarship amount) |

3. Amount of Withdrawal

☐ **Total Account Balance**

☐ **Total Account Balance and Close Account**

☐ **Partial liquidation** (Check Box A or B)

☐ **A.** Partial liquidation in the Amount of \$ _____

(This withdrawal amount will be liquidated pro-rated based on the current balances in my Account)

☐ **B.** Partial Liquidation from Specific Individual Fund Portfolio

529 Portfolio	Dollar Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Withdrawal Amount:	\$ _____

4. Payment Instructions (Check Box A or B)

☐ **A. Check Payable to:** (Check one)

☐ **Account Owner** (check sent to the address on record)

☐ **Beneficiary**—A check payable to the Beneficiary listed in Section 1 will be mailed to the following address:

Street Address: _____

City, State, ZIP: _____

☐ **Institution of Higher Education**

Name of Institution: _____

Department or Office: _____

Street Address: _____

City, State, ZIP: _____

Student ID Number: _____

• Please attach copy of invoice or billing statement from Institution.

4. Payment Instructions *(continued from previous page)*

☐ **B. Electronic Funds Transfer:** (Check one)

☐ **To Account Owner's bank Account on File**

Bank Name: _____

Bank Account Number: _____

☐ **To Account Owner's Bank Account Not on File with CollegeCounts** (complete below bank information)

• **Please have your signature Medallion-Guaranteed in Section 7.**

Name(s) on Bank Account: _____

Account type: ☐ Checking ☐ Savings

- This bank account will be linked to your CollegeCounts 529 Fund Direct Plan Account for telephone and website purchase and redemption/withdrawal transactions.

Your Name	1234
Pay to the order of	_____
Sample	_____
Bank Name and Address	_____
Memorandum	_____
:123456789:	34568:

TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.

NOTE: Distributions to a Beneficiary or Institution of Higher Education for the benefit of the Beneficiary will be reported on IRS Form 1099-Q under the Social Security number or Taxpayer Identification Number of the Beneficiary. All other distributions will be reported under the Social Security number or Taxpayer Identification Number of the Account Owner.

5. 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: (Check one)

☐ **At an Alabama institution of higher education**

Name of School

City, State

☐ **At an out-of-state institution of higher education**

Name of School

City, State

☐ **For other college expenses**

☐ **For other purposes not related to payment of college expenses**

6. Authorization

By signing this form, I certify that I am the Account Owner of the Account indicated in Section 1 and that the information contained on this withdrawal form is true, complete, and correct. I authorize the Program Manager to make this distribution from my Account as indicated. I assume sole responsibility for the tax consequences of the above election and understand that the earnings portion of a Non-Qualified withdrawal is subject to federal and state income tax, as well as an additional 10% federal penalty tax, and for Alabama state income tax purposes the amount of the Non-Qualified withdrawal, plus 10% of the amount withdrawn, must be added back to the income of the person who made the contribution to the CollegeCounts 529 Direct Plan Fund. Please consult your tax professional.

By selecting the electronic transfer service in Section 4, I acknowledge that the bank account in Section 4 will be linked to my CollegeCounts 529 Funds Direct Plan Account, and I hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my CollegeCounts 529 Direct Plan Fund Account so that I may purchase or sell shares by telephone or online at CollegeCounts529.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank and Trust Company will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Direct Plan Fund Account. (Please retain a copy of this authorization for your records.)

I authorize Union Bank and Trust Company, its agents and affiliates, and the trust to act on any instructions believed to be genuine and from me for any telephone, electronic, and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.

I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this distribution for tax purposes.

Signature and Date Required

X

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

Date

Print Name Here

Title (if other than an individual is establishing the Account)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X

Signature of Co-Trustee

Print Name Here

Date



Offered by the
State of Alabama

UBT 529 Services a Division of
UBT
Union Bank & Trust
Program Manager

Medallion Signature Guarantee

Medallion Signature Guarantee is required if:

- The address of record has changed within 15 days of the withdrawal request.
- The bank account information in Section 4 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 PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)



Offered by the
State of Alabama

UBT 529 Services a Division of
UBT
Union Bank & Trust
Program Manager