

- 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, then mail it to the Plan at the above address.
- A Medallion Signature Guarantee<sup>1</sup> is required in Section 5: (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 (Refer to your statement.)

Contact Telephone Number

Account Owner, Trustee/Custodian Name, or Entity Name

Beneficiary Name

## 2 Select a Payee

- Account Owner** (This will be the tax responsible party who will receive the IRS Form 1099-Q).
- Beneficiary** (This will be the tax responsible party who will receive the IRS Form 1099-Q).
- School** (The beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q).  
 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"					
	\$		,			.
	\$		,			.
	\$		,			.
	\$		,			.
	\$		,			.
<b>Total Withdrawal Amount</b>	\$		,			.

Note: Funds cannot be withdrawn until 10 days after the receipt of each contribution.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.

<sup>1</sup> 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

Managed Allocation Option (Age-based)	100% Fixed Income Option (2301)	Conservative Allocation Option (2296)
Principal Plus Interest Option (1917)	Money Market Option (2302)	Equity and Interest Accumulation Option (2297)
U.S. & International Equity Option (1918)	International Equity Index Option (2303)	U.S. Large Cap Equity Option (2298)
Moderate Allocation Option (2300)	Aggressive Allocation Option (2295)	

## 4 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 in 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 Option 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

**5 Signature and Certification** (This section must be signed or the withdrawal cannot be processed.)

**By signing below**, I certify that the information contained in this Form, and in any required documentation, 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 on this Form and in the *Withdrawal Guidelines* that accompany this Form.

**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. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations in the *Withdrawal Guidelines*.

**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 my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Direct Deposit Form* accompanies this form or I notify my employer to stop my payroll deduction.

**For Minor Trust Accounts**, including *Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts*

I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.

**For Entity Accounts**, including *Minor Trust accounts with a minor as the Beneficiary*

I certify I am authorized by the entity Account Owner identified in Section 2 to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.

**If I am withdrawing my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account for the Designated Beneficiary.**

*Signature of Account Owner, Custodian or Authorized Representative of Entity*

*Date*

**Medallion Signature Guarantee – if applicable**

**Important Information – Medallion Signature Guarantee** 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.

**Guarantor to Affix Stamp Here:**



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

**Regular Mail**  
Minnesota College Savings Plan  
P.O. Box 55134  
Boston, MA 02205-5134

**Mail to:**

A14059:11/15

**List of Approved Documents for Substantiation by Entity Account Owners**  
*Including Minor Trust Accounts opened by a Trust that names a minor as beneficiary*

Substantiation is required from an entity Account Owner when opening a Plan Account or when conducting a transaction for that Account. Such documentation must include the following:

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The same document may provide substantiation of all of the three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - ***If judged authentic and complete***, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - ***If judged inauthentic or incomplete***, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

**Please retain a copy of this notice with your records.**



## Notice of Privacy Policy of the Minnesota College Savings Plan

**The following notice provides important information about the reasons that the Minnesota College Savings Plan (the “Plan”) has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.**

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary’s Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary’s Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary’s identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

MN0808.PRI



### Overnight Mail

Minnesota College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

### Mail this form to:

#### Regular Mail

Minnesota College Savings Plan  
P.O. Box 55134  
Boston, MA 02205-5134