

ScholarShare College Savings Plan Withdrawal Request Form

Questions? Call toll-free 1.800.544.5248
Or write to the Plan at P.O. Box 55205 Boston, MA 02205-5205
Visit www.ScholarShare.com

Instructions

- Complete this form to request a withdrawal from your Account. Complete a separate form for each type of withdrawal you are requesting.
 Please note that the earnings portion of withdrawal proceeds not used for the qualified higher education expenses of the beneficiary may be subject to federal income tax and a 10% federal penalty tax.
- Print in capital letters using blue or black ink.
- A Medallion Signature Guarantee is required in Section 6: if you recently made a change to your mailing address or to your banking information on file. The Plan will not be able to send your redemption proceeds for 30 days after the receipt of this request UNLESS you provide a Medallion Signature Guarantee. You will also need to provide a Medallion Signature Guarantee if you are requesting a withdrawal of \$10,000 or more to a third party or for any request of \$100,000 or more.
- Mail this form to: ScholarShare College Savings Plan, P.O. Box 55205 Boston, MA 02205-5205.
- Forms may be downloaded at the Plan's web site at www.ScholarShare.com or you may call the Plan toll-free at 1.800.544.5248 to order forms, perform certain account transactions, or to get help completing a form.

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Account Number Participant Telephone Number																											
Parti	cipant	Nam	e (Fir	st, MI	Last)																						
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3 Amount of Withdrawal

Provide the amount you want to withdraw, and from which Investment Portfolio(s) in your Account you want to fund your withdrawal. Please note that you will not be able to withdraw a contribution until 10 days after receipt by the Plan of that contribution.

Investment Portfolio	Indicate a specific amount or write "ALL" for each Investment Portfolio listed.									
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Total Withdrawal Amount	\$,								

✓	Select the frequence	cy of your systematic	withdrawals.													
	Monthly	Quarterly	Other													
✓	Select the month(s) of your systematic withdrawals.															
	☐ Every Month	☐ Jan. ☐ Apr.	Feb. May	Mar. Jun.												
	(or →)	Jul.	Aug.	Sep.												
,		Oct.	Nov.	Dec.												
✓	Select the date(s) of	Select the date(s) of your systematic withdrawals.														
	1st	15th	Other													
5 With	drawal Pecinient	and Form of Pay	mant (Salast anly one r													
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By completing this section you authorize the Plan to systematically withdraw funds from your account and to pay such amounts to the

4 Systematic Withdrawal Information (Optional)

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 Portfolios) 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. If I am a State of California or UC employee and would like to stop or modify my payroll deduction, the appropriate Payroll Deduction Form has been completed and accompanies this form.

If I am withdrawing the full balance and closing an investment portfolio and do not want future contributions made into that portfolio, I understand I must update my allocation instructions to reflect this change. Allocation instructions may be updated online, by telephone, or by completing an Account Information Change Form.

If I am withdrawing my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account I certify that I am the Participant, or I have the authority to act as the Participant

Signature of Participant	Date (month/day/year)						
Medallion Signature Guarantee –							
GUARANTOR TO AFFIX STAMP HERE							
	Mail this form to:						
	ScholarShare College Savings Plan						
	P.O. Box 55205 Boston, MA 02205-5205						

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