





**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deduction**, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer that I want to stop, or change the amount of my payroll deduction.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