



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.
- Section 6 Medallion Signature Guarantee¹: 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 for requests of withdrawals of \$100,000 or more requests to a third party of \$10,000 or more (excluding eligible education institutions and tuition payment plans/services).
- Mail this form to: Edvest College Savings Plan, P.O. Box 55189 Boston, MA 02205-5189.

Forms may be downloaded at the Plan's web site at www.Edvest.com or you may call the Plan toll-free at 1.888.338.3789 to order forms, perform certain account transactions, or to get help completing a form.

1 Account Information

Account Number	Account Owner Telephone Number
Account Owner Name (First, MI, Last)	Beneficiary Name (First, MI, Last)

2 Type of Withdrawal (Check only one box.)

- Qualified Withdrawal** – Withdrawal proceeds will be used for the beneficiary's qualified higher education expenses.
- Non-Qualified Withdrawal** -- Withdrawal proceeds will **not** be used for the beneficiary's qualified higher education expenses.
- Withdrawal due to a qualified scholarship awarded to the Beneficiary**
The withdrawal must be equal to or less than the amount of the scholarship.
- Withdrawal due to the Beneficiary's attendance at a United States Military Academy**
- Withdrawal due to the disability of the Beneficiary**
- Withdrawal due to the death of the Beneficiary**

3 Amount of Withdrawal

Provide the amount you want to withdraw, and from which Investment Option(s) in your Account you want to fund your withdrawal. For systematic withdrawals, provide the monthly amount to be withdrawn. Additional instructions for systematic withdrawals are provided in section 4. Please note that you will not be able to withdraw a contribution until 10 days after receipt by the Plan of that contribution.

Note: If you request to withdraw the entire balance of your EdVest Tuition Unit Program account, all matured and future dollars will be redeemed and your account will be closed. Once the Tuition Unit Program account is closed, it cannot be reopened.

Investment Option	Indicate a specific amount or write "ALL" for each Investment Option listed.							
Age-Based Option	\$,			.	
Aggressive Age-Based Option	\$,			.	
Index-Based Aggressive Portfolio (3427)	\$,			.	
Index-Based Growth Portfolio (3428)	\$,			.	
Index-Based Moderate Growth Portfolio (3429)	\$,			.	
Index-Based Conservative Growth Portfolio (3430)	\$,			.	

¹ Medallion Signature Guarantee Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

Investment Option	Indicate a specific amount or write "ALL" for each Investment Option listed.									
Index-Based Income Portfolio (3431)	\$,					.	
Active-Based Aggressive Portfolio (3432)	\$,					.	
Active-Based Growth Portfolio (3433)	\$,					.	
Active-Based Moderate Growth Portfolio (3434)	\$,					.	
Active-Based Conservative Growth Portfolio (3435)	\$,					.	
Active-Based Income Portfolio (3436)	\$,					.	
Balanced Portfolio (3437)	\$,					.	
Large-Cap Stock Index Portfolio (3438)	\$,					.	
Small-Cap Index Portfolio (3439)	\$,					.	
International Equity Index Portfolio (3440)	\$,					.	
Bond Index Portfolio (3441)	\$,					.	
U.S. Equity Active Portfolio (3442)	\$,					.	
U.S. Equity Index Portfolio (3443)	\$,					.	
Social Choice Portfolio (3444)	\$,					.	
Bank CD Portfolio (3445)	\$,					.	
Principal Plus Interest Portfolio (3446)	\$,					.	
Tuition Unit Program	\$,					.	
Total Withdrawal Amount	\$,					.	

4 Systematic Withdrawal Information *(Optional)*

By completing this section you authorize the Plan to systematically withdraw funds from your account and to pay such amounts to the payee indicated in section 5. These systematic withdrawals will continue until the Investment Option(s) from which the systematic withdrawal is made has insufficient funds to continue making these payments, or you advise the Plan in writing to stop making such payments.

- ✓ **Select the frequency of your systematic withdrawals.**

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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- ✓ **Select the month(s) of your systematic withdrawals.**

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

- ✓ **Select the date(s) of your systematic withdrawals.**

<input type="checkbox"/> 1st	<input type="checkbox"/> 15th	<input type="checkbox"/> Other _____
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5 Withdrawal Recipient and Form of Payment *(Select only one payee/recipient)*

Designate a Recipient/Payee (check only one box):

- Pay to Account Owner**
- Pay to Beneficiary**
- Pay to Eligible Educational Institution or Tuition Payment Plan/Service** *(A check will be sent to the address provided below.)*
 Note: Payments for a foreign Eligible Educational Institution will be paid by check directly to the Account Owner's address of record.
- Pay to other Third Party** *(A check will be mailed to the address provided below.)*

Select Form of Payment:

- Pay to Account Owner by Electronic Funds Transfer (EFT)** *Available for payment to the Account Owner or Beneficiary Only.*
The option to receive payments by EFT is available if the Plan has your bank account on file, or the Beneficiary's bank account if the Beneficiary is indicated as the recipient above. The bank account must be on file for at least 30 days without any changes.
- Pay by Check** (Available for payment to all designated recipients). A check will be mailed to the address of record of the Account owner or Beneficiary or the address provided below for an Eligible Educational Institution, Tuition Payment Plan/Service or other Third Party Payee listed as the designated payee below.
 - Deliver Check by USPS First Class Mail**
 - Deliver Check by overnight delivery.** I understand that a \$15 fee for this service will be deducted from my Account.

Provide below the name and address of the Eligible Education Institution you are designating to receive payment by check.

Important: Please confirm the mailing instructions before submitting this form for payment. Include the student name, student ID or other applicable identifying information as required by the school.

Eligible Educational Institution Name (School) Tuition Payment Plan/Service or Other Third Party Payee
Student Name, ID or other Identifying Information (This information will appear on both the mailing address and on the check.)
School, Tuition Payment Plan/Service or Third Party Payee Mailing Address (Line 1)
School, Tuition Payment Plan/Service or Third Party Payee Mailing Address (Line 2)
City, State, Zip

6 Signature and Authorization *(You must sign this section.)*

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 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 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.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner a Medallion Signature Guarantee appears below.) If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

Signature of Account Owner	Date (month/day/year)
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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:



Mail this form to:
 Edvest College Savings Plan
 P.O. Box 55189
 Boston, MA 02205-5189