

NC 529 Plan

North Carolina's National College Savings Program



Request for Withdrawal

Make checks payable to: "NC 529 Plan"

Use this form for any WITHDRAWAL from your Account. A separate form must be completed for each Withdrawal. If your Account was established with funds from an UGMA/UTMA custodial account, you are responsible for compliance with the law and any relevant terms and conditions of the UGMA/UTMA custodial account.

Capitalized terms appearing but not defined in this form have the meanings assigned to them in the *Program Description for North Carolina's National College Savings Program* (the "Program Description").

Mail to: NC 529 Plan
P.O. Box 40877
Raleigh, NC 27629-0877

Overnight or registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax to: 919-835-2304

For questions or forms, contact the Program Administrator College Foundation, Inc.

Please print clearly in capital letters and dark ink.

1 Participant Information

Name of Participant (First, Middle, Last, Suffix)

Account Number

Check type and enter the number.

SSN

TIN

Social Security or Taxpayer Identification Number

Primary Telephone Number (8:00 a.m. to 5:00 p.m.)

Alternate Telephone Number

2 Beneficiary Information

Name of Beneficiary (First, Middle, Last, Suffix)

If your Beneficiary's Social Security or Taxpayer Identification Number is not on your Account file and you intend to direct your Withdrawal to the Beneficiary or to the school, enter number below.

Check type and enter the number.

SSN

TIN

Social Security or Taxpayer Identification Number

3 Reason for Withdrawal

Check One.

- Qualified Withdrawal for Payment of Qualified Higher Education Expenses of the Beneficiary.**
- Withdrawal Due to Receipt of Scholarship.** Amount of Withdrawal requested cannot exceed the amount of the Scholarship. The Participant must submit the Beneficiary's enrollment verification and a letter from the grantor of the Scholarship or from the Eligible Institution receiving or administering the Scholarship that (1) identifies the Beneficiary by name and Social Security or Taxpayer Identification Number as the recipient; (2) states the amount of the Scholarship; (3) indicates the period of enrollment or number of credits or units to which the Scholarship applies or the date of the Scholarship; and (4) if applicable, identifies the Eligible Institution to which the Scholarship is to be applied.
- Withdrawal Due to Attendance at a U.S. Military Academy.** The Participant must submit written third-party confirmation of the Beneficiary's enrollment in a U.S. Military Academy.
- Withdrawal Due to Death.** The Participant must submit a certified death certificate containing the name and Social Security or Taxpayer Identification Number of the Beneficiary issued by an applicable governmental agency or another satisfactory proof of death.
- Withdrawal Due to Permanent Disability.** The Participant must submit a certification of the Beneficiary's Permanent Disability from a doctor of medicine or osteopathy who is duly authorized to practice in the United States.
- Withdrawal for Rollover to Another Qualified Tuition Program.** There is a \$50 transaction charge to roll funds from North Carolina's National College Savings Program into another qualified tuition program. The payment will be withheld from the total amount of the Rollover.

Name of qualified tuition program to which you wish to roll over funds

New account number (if known)

Mailing Address of qualified tuition program

City

State

Zip

- Non-Qualified Withdrawal.** If your Withdrawal is not one of the types listed above, it is considered a Non-Qualified Withdrawal. There is a \$50 transaction charge required to process any Non-Qualified Withdrawals, and payment will be withheld from the total amount of the Withdrawal.

4 Amount of Withdrawal

Amount requested must be **at least \$250**, unless the Withdrawal is to close your Account. In most cases, a Withdrawal request received in good order will be processed on the date your form is received.

Withdrawals are not allowed from the Protected Stock Fund except in the case of the Beneficiary's death, permanent disability, receipt of Scholarship, or attendance at a U.S. Military Academy. With any of these limited-case early Withdrawals from the Protected Stock Fund, a 5% surrender charge will apply. See Program Description for details.

Check either **Full or Partial Balance Withdrawal** and provide additional direction underneath your choice.

Full Balance Withdrawal

Check one. If no selection is made, your Account will be closed.

- Close Account.** Withdraw the full amount held in each Investment Option in my Account that allows Withdrawals, discontinue my automatic investment plan (if applicable), and close my Account.

Note: This automatically applies to any full balance rollover to another qualified tuition program.

*Due to the restrictions associated with the Protected Stock Fund, an Account with funds invested in this option cannot be closed. All non-Protected Stock Fund monies will be withdrawn according to the instructions on this form.

- Leave Account open.** Withdraw the entire amount held in each Investment Option in my Account that allows withdrawals, but continue my automatic investment plan (if applicable) and leave my Account open for future Contributions. *(Available only for Qualified Withdrawals.)*

Partial Balance Withdrawal

Withdraw \$, .

Check one. If no selection is made, the Withdrawal will be taken proportionately from each available Investment Option.

- Leave Account open and withdraw proportionately** from each of my current Investment Options that currently allows Withdrawals.
- Leave Account open and withdraw as specified below.**

Note: The amount you may receive may vary from the amount requested due to market fluctuations. If the dollar amount you indicate for a particular Investment Option below exceeds the amount invested in that option due to market fluctuations, the Program will liquidate the option's entire balance.

Name of Investment Option	Dollar Amount <i>(for partial amounts)</i>	or	Total Balance <i>(check if applicable)</i>
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input type="checkbox"/>
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input type="checkbox"/>
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input type="checkbox"/>
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input type="checkbox"/>
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input type="checkbox"/>

5 Payee Information

Select one and provide any information requested.

Participant *(Withdrawal check will be sent to the address of record.)*

College or University on behalf of the Beneficiary.

Name of College or University

College or University Mailing Address (line 1)

(line 2)

City

State

Zip

Beneficiary

Beneficiary Mailing Address (line 1)

(line 2)

City

State

Zip

6 Participant Signature – You must sign below

I understand that by signing this Request for Withdrawal form and submitting it to College Foundation, Inc., I hereby certify that all the information contained in this form is true, complete and correct, and I authorize College Foundation, Inc., to make the Withdrawal, less any charge that may apply, based on this completed form.

Signature of Participant

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Date (month, day, year)