

# Withdrawal Request Form

## Instructions.

- Please complete all sections and return this form to request a withdrawal. Please type or print clearly.
- Only the Account Owner may make withdrawals on the account. You will need a separate form if you wish to make more than one type of withdrawal or from more than one account.
- If you have questions regarding this form, please call 1-888-993-3746.

## Section 1. Account Information.

Account Number \_\_\_\_\_

<u>Account Owner/Custodian</u>	<u>Beneficiary</u>
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
_____-_____-_____ Social Security Number	_____-_____-_____ Social Security Number
(_____) _____ Phone Number	(_____) _____ Phone Number

**Section 2. Type of Withdrawal.** Please identify if the withdrawal is Qualified or Non-Qualified. The Account Owner is required to retain records and receipts. The College Savings Plan of Nebraska strongly recommends that Account Owners keep records and receipts of all Higher Education Expenses for IRS purposes.

**Qualified Withdrawal.** Qualified Withdrawals are Qualified Higher Education Costs of the Beneficiary. Higher Education Costs may include: Tuition, Fees, Reasonable Room and Board, Books, and Equipment/Supplies required for enrollment. A withdrawal to pay for any other expenses will be considered Non-Qualified Withdrawals. See Enrollment Handbook.

**Non-Qualified Withdrawal.** A Non-Qualified withdrawal is any withdrawal that is not a Qualified Withdrawal under the Internal Revenue Code and the rules and regulations there under applicable to 529 college savings plans. Note: Non-qualified withdrawals are subject to income tax and a 10% federal penalty on earnings. The 10% penalty is waived in the following instances. Please indicate if any of the following apply:

- Scholarship awarded to the beneficiary. You may withdraw up to the amount of the awarded scholarship without penalty. Non-qualified withdrawals over the scholarship amount are subject to the 10% penalty.
- Death of the Beneficiary (attach a certified copy of the Beneficiary's death certificate)
- Permanent disability of the Beneficiary. Provide documentation of an award of Social Security Disability Insurance or a letter from a physician certifying the Beneficiary is disabled under the Social Security Administration's disability definition.

**Section 3. Withdrawal Amount.** Enter the amount of the withdrawal. (You may divide this amount, Please indicate the amount to be sent to each party in Section 4.)

Total Amount \$ \_\_\_\_\_ . \_\_\_\_\_ Or  Entire Account Balance Or  Close Account

**Section 4. Payment Instructions.** Please select where you would like the payment sent.

Send the payment to the **Institution of Higher Education** listed below. **You must include a copy of the invoice from the institution.** Please keep a copy for your records:

\_\_\_\_\_  
Name of Qualified Higher Education Institution

\_\_\_\_\_  
Mailing Address and Department

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Student ID

\$ \_\_\_\_\_  
Amount

Full Amount  
in Section 3

Send the payment to the **Account Owner/Custodian** at the address listed in Section 1 on the front of this form.

\$ \_\_\_\_\_  
Amount

Full Amount  
in Section 3

Send the payment to the **Beneficiary** at the address listed in Section 1 on the front of this form.

\$ \_\_\_\_\_  
Amount

Full Amount  
in Section 3

**Section 5. Authorization.**

I hereby request the withdrawal as indicated. The College Savings Plan of Nebraska is entitled to rely on this request and is released from any and all claims I may have or hereafter claims with respect to the withdrawal. I certify the Social Security numbers given in Section 1 are correct and that all information contained herein is true and correct. I certify that no other request has been previously submitted for this reimbursement or payment for these expenses from this Plan or any other qualified tuition program. I am also aware that I am responsible for providing the necessary substantiation as may be required by the IRS for verification of qualified withdrawals.

If the Account is a UGMA/UTMA account, I further certify that I am the Custodian of the Account and that the Withdrawal request is necessary for the welfare of the Beneficiary. If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this Withdrawal.

X \_\_\_\_\_  
Signature of Account Owner or Custodian

\_\_\_\_\_  
Date

(Print Name Here) \_\_\_\_\_

**Please allow approximately 7-10 business days to process this request.**

**MEDALLION SIGNATURE GUARANTEE**

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

A Medallion Signature Guarantee is required for withdrawals over \$25,000. If you have changed the address on this Account and this withdrawal is within 30 days of the change, a Medallion Signature Guarantee is required. Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Program. (A NOTARY SEAL IS NOT ACCEPTABLE.)