Manage Monthly Withdrawals Form

Important information about this form:

- Fill out this form to set up, remove, or replace recurring monthly withdrawals from your VT529 account.
- We are required to file an IRS Form 1099-Q when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep any receipts for eligible expenses once the money from this account is used.
- **If you are sending the proceeds from the withdrawal to a bank account that belongs to someone other than the VT529 Account Owner, you must print and submit this form via mail.**
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together.
- A notary signature is only required for the following withdrawal requests:;(i) for an entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner or (ii) if you recently changed your banking information, and wish to bypass a 10-day hold period for withdrawals or (iii) if you recently updated your address, and wish to bypass a 15-day hold period for withdrawals. (**Step 9**).

Need help?
Give us a call Monday – Friday from 9am - 8pm ET at
1-800-637-5860

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
VT529
PO Box 534482
Pittsburgh, PA 15253-4482

Overnight Mail:
VT529
Attention: 534482
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Manage Monthly Withdrawals Form

1 Account information

Name of Account Owner (First and last)

Account Owner's Telephone Number

7 7 Account number

Name of Beneficiary (First and last)

2 Instructions

- ◯ Stop all monthly withdrawals from this account (skip to **Step 8**)
- ◯ Replace all monthly withdrawals from this account (complete **Steps 3**, **4**, **5**, and **8**)
- ◯ Create a new monthly withdrawal from this account (complete **Steps 3**, **4**, **5**, and **8**)

3 Monthly withdrawal setup

Tell us how much you want to withdraw from your account each month. There's a $5 minimum withdrawal for each portfolio. Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	Amount
		$, .
		$, .
		$, .
		$, .
		$, .

Withdrawal Day (1 – 28)*
If you don't pick a date, we'll automatically make your withdrawal on the 1st of every month.

$, . **Total withdrawal amount**

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the previous business day. The withdrawn amount should reach your bank account within 2–5 business days.

4 Payee Information

- ◯ Account Owner/Custodian
  This will be the tax responsible party who will receive Form 1099-Q form.
- ◯ Beneficiary
  This will be the tax responsible party who will receive Form 1099-Q form.
- ◯ Check to eligible Educational Institution or School (Continue to **Step 7**)
  The Beneficiary will be the tax responsible party who will receive Form 1099-Q form.
  Please note: There is a $2.50 fee for withdrawals issued by check.

5 Delivery Information

- ◯ Deposit into bank account (Continue to **Step 6**)
- ◯ Send check to mailing address listed on account (Continue to **Step 8**)

6 Bank account information

If the information for this bank account has been changed in the last 10 days or you are adding a new bank account, you'll need to get a notarization acknowledgement in **Step 9**.

If you are sending the proceeds from the withdrawal to a bank account that belongs to someone other that the VT529 Account Owner, you must print and submit this form via mail.

What type of documentation are you including to verify this bank account? Only required if you are adding a new bank account.)
Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

- ◯ Voided check
- ◯ Bank statement

Name on bank account
The Account Owner/Custodian or Beneficiary must own the bank account connected to the Plan account.

Bank Account Holder Signature
(If different from Plan Account Owner/ Custodian)

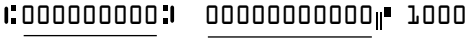
Bank account type ◯ Checking ◯ Savings

Bank name

Bank routing number

Bank account number

Need help?
You can find your bank information on the bottom of one of your checks here:



Routing Number | Account Number

7 Eligible Educational Institution or School information

Only fill this information out if you are making a withdrawal to an eligible educational institution.

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school.

_____

Eligible Educational Institution or School name

_____

Student name, ID or other identifying information (Will only appear on the check)

_____ _____

Institution or School mailing address 1 **Institution or School mailing address 2**

_____ _____ __ __ __ __ __ – __ __ __ __

City **State** **ZIP Code**

8 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly withdrawals from this account, or Replace all monthly withdrawals from this account:
  - I understand that all currently active monthly withdrawals from this account will be cancelled.
  - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal from this account, or Replace all monthly withdrawals from this account:
  - I understand this authorizes the Plan to initiate recurring withdrawals from my Plan accounts, and either to: (i) make recurring deposits to my bank account, or (ii) send checks to my address on the Withdrawal Day each month for the total withdrawal amount.*
  - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 95% of my account balance, it will fail.
  - I may cancel these recurring monthly withdrawals by using this form.
- 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 notarization acknowledgement appears on the next page.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the prior business day. The withdrawn amount should reach your bank account within 2–5 business days.

9 Notarization acknowledgement (optional)

Keep in mind that:

- If you are submitting this form digitally (via Adobe Sign) you do not need to complete the notary acknowledgment.
- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____ , 20 _____ .
Day (#) Month Year

_____
Signature of Account Owner/Authorized Representative of Entity

State of _____ ,County of _____

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

_____
Signature of Notary Public

Appendix – VT529 Portfolio Options

For descriptions and details about all of these portfolio options, please go online to vt529.org or see the **Plan Disclosure Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Year of Enrollment Portfolios

Code	Portfolio Name
VTY44	2044 Enrollment Portfolio
VTY43	2043 Enrollment Portfolio
VTY42	2042 Enrollment Portfolio
VTY41	2041 Enrollment Portfolio
VTY40	2040 Enrollment Portfolio
VTY39	2039 Enrollment Portfolio
VTY38	2038 Enrollment Portfolio
VTY37	2037 Enrollment Portfolio
VTY36	2036 Enrollment Portfolio
VTY35	2035 Enrollment Portfolio
VTY34	2034 Enrollment Portfolio
VTY33	2033 Enrollment Portfolio
VTY32	2032 Enrollment Portfolio
VTY31	2031 Enrollment Portfolio
VTY30	2030 Enrollment Portfolio
VTY29	2029 Enrollment Portfolio
VTY28	2028 Enrollment Portfolio
VTY27	2027 Enrollment Portfolio
VTY26	2026 Enrollment Portfolio
VTYEN	Enrollment Portfolio

Static Portfolios

Code	Portfolio Name
VTEIP	Equity Index
VTBAP	Balanced Portfolio
VTFIP	Fixed-Income Portfolio
VTPPI	Capital Preservation Portfolio

The investment information on this page has been provided by Bank of New York Advisors, the investment advisor for VT529. Before you make a decision, review the Plan Disclosure Booklet to learn about the important details and risks of each investment option.