Withdrawal Form

Important information about this form:

- Fill out this form to make a full or partial withdrawal from your VT529 account.
- We are required to file an IRS Form 1099-Q when you make a withdrawal from your account.
- You can withdraw up to 95% of the total amount in a portfolio or the full amount. The minimum balance for each portfolio is $5 unless you decide to withdraw the full amount.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep all of your receipts for qualified education expenses for tax purposes.
- **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.**
- **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 or (iiii) for withdrawal requests of $100,000 or more. (**Step 8**).
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together

Have online access?

- Sign in online to make a withdrawal from your VT529 account, at vt529.org.

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

Administered by VSAC

vt529.org

Withdrawal 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 Withdrawal amount

Choose the portfolio(s) you want to withdraw money from. There's a $5 minimum withdrawal per portfolio and you must have at least $5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

For a full list of all the portfolio options and for important information about the investment options please see the **Plan Disclosure Booket** before making a decision.

You must wait 5 days before you can withdraw a contribution made by bank ACH or check contribution.

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

◯ Full balance ◯ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___
Amount

___ ___ ___ ___ ___
Code

____
Portfolio name

◯ Full balance ◯ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___
Amount

___ ___ ___ ___ ___
Code

____
Portfolio name

◯ Full balance ◯ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___
Amount

___ ___ ___ ___ ___
Code

____
Portfolio name

◯ Full balance ◯ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___
Amount

Want to withdraw all funds?

◯ Yes, withdraw the full balance of all portfolios I'm invested in.

◯ Close this account
Only check this if you want to close your account once all funds are withdrawn.

$ ___ ___ ___ , ___ ___ ___ . ___ ___
Total withdrawal amount

3 Payee information

- ◯ Account Owner/Custodian
  This will be the tax responsible party who will receive the 1099-Q form.

- ◯ Beneficiary
  This will be the tax responsible party who will receive the 1099-Q form.

- ◯ Check to eligible Educational Institution or School (Skip to **Step 6**)
  The Beneficiary will be the tax responsible party who will receive the 1099-Q form.

4 Delivery information

- ◯ Deposit into bank account (Skip to **Step 5**)

- ◯ Send check to mailing address listed on the account (Skip to **Step 7**, $2.50 fee)

5 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 8**.

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:

⑆000000000⑆ 000000000000⑈ 1000

Routing Number | Account Number

6 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

7 Sign the form

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 have received the **Plan Disclosure Booket** with respect to tax consequences of such a withdrawal and my record keeping obligations, and understand and agree to all terms as presented here and in the **Plan Disclosure Booket**.

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 to stop my payroll deduction, or I submit an updated **Payroll Deduction Form** to reallocate payroll contributions among my other Account(s), if any.

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 below.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

8 Notarization acknowledgement

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.