Pennsylvania 529 Guaranteed Savings Plan

Elementary/Secondary School Tuition Expenses Withdrawal Request Form

- Complete this form to request a qualified withdrawal for elementary or secondary school tuition expenses from your account. You must submit a separate form for each type of withdrawal you are requesting. Allow up to 14 business days to receive your distribution.
- A tuition bill that shows the student name, school name and semester or school year **MUST** be submitted with this completed form.
- If the address to which you have requested the withdrawal be sent has changed in the last 15 calendar days, your withdrawal will be held until this waiting period has been satisfied. Contributions and rollovers by check or electronically will not be available for withdrawal for ten calendar days.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.PA529.com**. Or you can call us to order any form at **1-800-440-4000**. Return this form by mail to: **Pennsylvania 529 Guaranteed Savings Program, P.O. Box 55463, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Guaranteed Savings Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**. Or you can fax to: **617-559-2452**.

1 Account Owner Information

5 5 – Account Number

– – Social Security Number or Other Taxpayer ID Number ***(required)***

Name of Account Owner *(first, middle initial, last)*

– – Daytime Telephone Number

– – Evening Telephone Number

Semester/School Year

2 Beneficiary Information

– – Social Security Number or Other Taxpayer ID Number

Name of Beneficiary *(first, middle initial, last)*

REMEMBER TO SIGN IN SECTION 5.

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3 Amount of Withdrawal *(Check one.)*

Contributions and rollovers by check, automatic investment plan (AIP), or electronic bank transfer (EBT), will not be available for withdrawal for ten calendar days. *Please note withdrawals for qualified K-12 tuition expenses are limited to $10,000 per student, per year.*

A. ☐ **Total account balance.** Withdraw the entire balance of my account, cancel my AIP (if applicable), and close this account. *(If you contribute to your account through payroll deduction, you must notify your employer to cancel these contributions.)*

B. ☐ **Partial amount of** $ ___,___.___ *(Up to $10,000)*

4 Reason for Withdrawal *(Choose **only one** of the following options.)*

A. ☐ **Qualified withdrawal to the account owner.*** My withdrawal will be used to pay for the beneficiary's qualified elementary or secondary tuition expenses. *(You will receive a check at your address of record.)*

B. ☐ **Qualified withdrawal to an elementary or secondary school.*** *(Provide the exact school address below.)*

Name of School *(Complete only if the withdrawal is to be sent directly to the school.)*

Department/Office/Contact Name or Student ID

Mailing Address

City | State | Zip Code

Telephone Number

5 Signature—YOU MUST SIGN BELOW

I certify that I have read the Disclosure Statement and understand the rules and regulations governing withdrawals from the PA 529 Guaranteed Savings Plan. *(Please allow up to 14 business days to receive your distribution.)*

SIGNATURE

Signature of Account Owner

Date *(month, day, year)*

*The IRS may require you to prove that your withdrawal is qualified. Consult the IRS or your tax advisor for current documentation requirements.

**The earnings portion of a distribution not used for a beneficiary's qualified expenses is considered a nonqualified withdrawal and may be subject to federal income tax and a 10% federal penalty tax, and may also be subject to state and local income tax. Exceptions to this penalty include withdrawals made because the beneficiary has become disabled, received a scholarship, or died. Contact your tax advisor about how to report a nonqualified withdrawal.

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