



529 Plan Distribution Authorization Form

College Savings Bank as Program Manager
 PO Box 3769
 Princeton, NJ 08543

call, e-mail or log on for assistance:
 1-800-888-2723
 info@collegesavings.com
 http://www.collegesavings.com
 http://montana.collegesavings.com
 http://arizona.collegesavings.com

- For IRS purposes, please keep a copy of this completed form for your records as well as any receipts, invoices or other documents that substantiate qualified distributions.
- All distributions will be processed within 45 days upon receipt of this completed form. For maturing CDs, this form must be received 15 days prior to maturity.
- CD redemptions prior to maturity may result in Bank-imposed penalties.

A. Account Information:

Daytime Telephone		E-mail Address	
Account Owner First Name	M	Last Name	Social Security Number
Joint Account Owner First Name	M	Last Name	Social Security Number
Designated Beneficiary First Name	M	Last Name	Social Security Number

B. Withdrawal Information:

Account Type(s)	Select Distribution Type	CD at Maturity	Distribution Amount
Savings Account #:	<input type="checkbox"/> Qualified (a description of Qualified Expenses and Educational Institutions can be found on our website, www.collegesavings.com . Please go to existing customers and click on FAQ in the left hand bar. Pick your 529 program for all information regarding that plan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)
CollegeSure CD* Account #:		<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)
**InvestorSure CD* Account #:		<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)
1-Year Fixed Rate CD* Account #:		<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)
3-Year Fixed Rate CD* Account #:	<input type="checkbox"/> Non-qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)

For requests made in November/December, specify for which calendar year you are requesting the distribution here _____. Please allow 45 days for processing. To avoid tax penalty, we recommend distributions be used in the same calendar year expenses are paid.

*Early certificate redemption may result in Bank-imposed penalties. Please refer to your product's terms and conditions for applicable Bank restrictions. Non-qualified distributions may also result in tax penalties.

**InvestorSure CD early redemption is permitted on the anniversary date only.

C. Payment Method:

Check(s) will be made payable to the account owner and mailed to the address on file for the account owner.

Please see reverse side →

