



# 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)	CD at Maturity	Distribution Amount	Select Distribution Type
Savings Account #:	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____ (complete Section D, reinvestment option)	<input type="checkbox"/> Qualified (a description of Qualified Expenses and Educational Institutions can be found on our website, <a href="http://www.collegesavings.com">www.collegesavings.com</a> . 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"/> Non-qualified
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"/> 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 or the designated beneficiary and mailed to the address on file for the account owner. Checks will not be made directly to the school.

- Make check payable to account owner
- Make check payable to designated beneficiary

Please see reverse side →

**D. Reinvestment Option (for maturing CDs only):**

If you are not withdrawing the entire balance of this year's maturing CD(s), specify below how you would like to reinvest funds. **You will need to complete another distribution form each time additional funds are needed.** Please allow up to 45 days for processing an additional request for funds. A description of reinvestment options can be found on our website, [www.collegesavings.com](http://www.collegesavings.com).

Account Type(s)	Reinvestment Amount
Savings:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____
CollegeSure CD*: Maturities Available: 1 to 22 years** Specify Maturity Year: 7/31/_____	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____
InvestorSure CD* : (5-Year Maturity)	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____
1-Year Fixed Rate CD*:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____
3-Year Fixed Rate CD*:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Partial \$ _____

\*If you do not specify your reinvestment amount and your CD product(s) are at maturity, the reinvestment terms outlined in your investment disclosure will apply.

\*\*Effective July 1, 2010, new Collegesure CD purchases with a deposit term of less than 4 years will receive a 0% floor rate. CollegeSure CD's with deposit terms of 4 years and longer will receive a 2% floor. See the CollegeSure CD Disclosure for more information.

**E. Signature:**

I/We certify, under penalties of perjury, that the information set forth on this form is complete and correct and that the Taxpayer Identification Number or Social Security Number(s) set forth on this form is/are correct. I understand that CD redemptions prior to maturity may result in Bank-imposed penalties.

\_\_\_\_\_  
Account Owner's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

If the account is an UGMA/UTMA, the custodian should sign above and write "custodian" after his/her name.

Signatures are matched against the signature provided on the original enrollment form. If any signature does not match and/or a signature was not provided on enrollment, a signature guarantee is required. A notary public is not an acceptable guarantor.

Signature Guarantee for Primary Owner or Custodian

Signature Guarantee for Joint Owner

Frequently asked questions concerning this Distribution Authorization form can be found on our website, [www.collegesavings.com](http://www.collegesavings.com).

For assistance on your account please contact us at 1-800-888-2723.