Oregon College Savings Plan

Withdrawal Request Form

Use this form to withdraw funds from the Plan

Questions? Call toll-free 1.866.772.8464

P.O. Box 55914, Boston, MA 02205-5914

Visit *OregonCollegeSavings.com*

Instructions

- Complete a separate form for each type of withdrawal for each designated payee and/or for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.
- A Medallion Signature Guarantee is required in Section 5: (i) for withdrawal requests of $100,000 or more; (ii) 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 (iii) if the address on the account has been changed or the Account was transferred to a new Account Owner in the past 30 days.[1]

1 Account Information

1 2 3 4 5 6 7 8 9

Account Number (Refer to your statement.)

5 5 5 - 1 1 1 - 2 2 2 2

Contact Telephone Number

Devin A Sample

Account Owner, Custodian Name, or Entity Name

Crystal R Sample

Beneficiary Name

2 Select a Payee

☒ **Account Owner** (This will be the tax responsible party who will receive the 1099Q form).

☐ **Beneficiary** (This will be the tax responsible party who will receive the 1099Q form).

☐ **School** (The beneficiary will be the tax responsible party who will receive the 1099Q form).
You will need your beneficiary's student ID to complete this withdrawal.

PLEASE NOTE: It generally takes 7-10 business days for the school to receive the check and additional time for processing. If you need it sooner, please contact our telephone representatives at the telephone number above.

3 Withdrawal From

Tell us how much to withdraw from this Account. Write a specific amount or "ALL" next to each Investment Portfolio.

☐ **Check this box if this is a systematic withdrawal and complete Section 4.**
The Investment Portfolio from which a systematic withdrawal is to be made must have a current market value of at least $1,000 to establish this option and you can only withdraw from one Investment Portfolio.

Investment Portfolio Name *(write in the portfolio name(s) from the list)*	**Indicate a specific amount or write "ALL"**
Money Market Portfolio	$, A L L .
	$, .
	$, .
	$, .
	$, .
Total Withdrawal Amount	$, .

Note: Funds cannot be withdrawn until 10 days after the receipt of each contribution. If applicable, a separate payment will be made to the payee designated in Section 5 once the units are available for withdrawal.

☐ This withdrawal is not being used for qualified higher education expenses. This information is being collected on behalf of the Plan and will not affect how your withdrawal will be reported to the Internal Revenue Service. For more information about withdrawals, please refer to the Plan Disclosure Booklet. You should consult with a qualified advisor regarding how tax laws may apply to your particular circumstances.

[1] A Medallion Siganture Guarantee is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

Investment Portfolio Names *(Portfolio Number)*		
Age-Based Portfolio (age based) Aggressive Portfolio (2806) Moderate Portfolio (2807) Conservative Portfolio (2808) Diversified U.S. Equity Portfolio (2811)	Diversified Intl Equity Portfolio (2816) Diversified Fixed Income Portfolio (2818) Balanced Index Portfolio (2813) U.S. Equity Index Portfolio (2812) International Equity Index Portfolio (2815)	Social Choice Portfolio (2819) Diversified Inflation Protection Portfolio (2817) Fixed Income Index Portfolio (2814) Money Market Portfolio (2810) Principal Plus Interest Portfolio (2809)

4 Systematic Withdrawal Information *(Optional)*

By completing this section, you authorize the Plan to systematically withdraw funds from your Account and to pay such amounts to the payee indicated in Section 2. These systematic withdrawals will continue until the Investment Portfolio from which the systematic withdrawal is made has insufficient funds to continue making payments or you advise the Plan in writing to stop making such payments.

✓ **Select the frequency of your withdrawals.**

☐ Monthly	☐ Quarterly	☐ Annually

✓ **Select the month(s) of your withdrawals.**

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

✓ **Select the date(s) of your withdrawals.**

☐ 1st	☐ 15th	☐ Other _________

5 Select a Delivery Method

☐ **Check this box for overnight delivery** *(Optional, $15 will be deducted from your Account.)*

■ **Pay by Check** *(A check will be mailed to your or your beneficiary's address of record.)*

☐ **Pay by Electronic Funds Transfer (EFT)** *(Funds will be received by your or your beneficiary's bank in a few days.)*
You may select this option only if your banking information has been on file for at least 30 days and it has been verified by your bank. Before selecting this option, you may call to confirm your bank account information.

- Your bank account will be credited separately for the amount of contributions and earnings, if any, withdrawn from **each** Investment Portfolio. Depending upon the number of Investment Portfolios you own, you could receive multiple deposits into your bank account.
- If you select this method but you do not have a bank account on file or if your banking information has been added or changed within 30 days, a check will be mailed to your address of record.

☐ **Pay to Eligible Educational Institution** *(A check will be mailed to the institution designated below.)*
Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school. **Note:** Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.

____

Eligible Educational Institution Name (School)

____

Student Name, ID or other Identifying Information (This information will appear only on the check.)

____

School Mailing Address (Line 1)

____

School Mailing Address (Line 2)

____

School City, State, Zip

6 Signature and Certification *(Sign this section or the transaction cannot be processed.)*

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 understand and agree to all terms as presented here and in the Plan Disclosure Booklet and Participation Agreement.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Portfolios) but it will continue if I have only requested a partial withdrawal from my Account unless an *Electronic Banking Information Form* accompanies this form.

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 Medallion Signature Guarantee appears below.) If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

09/19/2015

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

IMPORTANT INFORMATION

A Medallion Signature Guarantee is required: (i) for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner; or (ii) if the address on the account has been changed or the Account was transferred to a new Account Owner in the past 30 days. A Medallion Signature Guarantee is required for all withdrawal requests of $100,000 or more. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.

Note: A Medallion Signature Guarantee is not required if a *Plan Power of Attorney* Form is on file for an Individual Account, or if a *Plan Power of Attorney* Form accompanies this form ***unless*** the withdrawal request is $100,000 or more.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

(If needed, call for overnight mailing address.)

Oregon College Savings Plan
P.O. Box 55914
Boston, MA 02205-5914

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