

Withdrawals and Outgoing Transfers/Rollovers Form

This form is to be completed to direct any type of withdrawal from a CollegeBoundfund Account or to direct a Transfer in connection with a Rollover from an Account. Each term used in this form has the same meaning the term has in the CollegeBoundfund Program Description, to which you should refer when completing this form. You may also wish to consult your tax advisor prior to directing a withdrawal, a Transfer or a Rollover.

If you have questions while completing this form, call toll-free at 888.324.5057, Monday through Friday, 8:30am to 7:00pm Eastern Time or log on to www.collegeboundfund.com. Please print or type, and keep a copy for your records.

Your completed form should be sent to the following address: CollegeBoundfund, P.O. Box 786004, San Antonio, Texas 78278-6004. For overnight mail, use the following address: CollegeBoundfund, 8000 IH 10W, 4th Floor, San Antonio, Texas 78230.

For tax purposes, the Participant (Account Owner) should maintain records and documentation of qualified higher education expenses for any withdrawal that he or she intends to treat as a qualified withdrawal. For additional information, please consult with a tax advisor.

Did you know you can request a Qualified Withdrawal payable to the Participant (Account Owner) online? To take advantage of this option, go to www.collegeboundfund.com and select Account Access in the upper right-hand corner. Once you log into your account, you will be able to select the account and portfolio from which you would like to withdraw. You may also be eligible to request this withdrawal via phone if the payee is the Account Owner, Beneficiary or an Eligible Institution. To verify eligibility, please call us toll-free at 888.324.5057.

1. Requestor Information

Are you the registered Participant of the CollegeBoundfund account listed in section 2A?

- Yes (Please proceed to Section 2) No (Please provide your name and daytime phone number and check the appropriate box indicating the capacity in which you are acting. If not listed, please check "Other" and specify your capacity).

Last Name First Name M.I.

Daytime Phone Number

- Attorney-in-fact Executor(trix) Custodian Conservator Trustee Other _____

2. Current Account Information

A. Account Number

Account Number

B. Participant Information

The participant is the person who owns the Account, makes the Beneficiary designation, directs withdrawals and receives Account statements. If not an individual, indicate the type of entity (e.g., a trust), insert the entity's formal name and provide the following information as relevant.

Social Security/Tax ID Number Daytime Telephone Number

Last Name First Name M.I.

Entity Name (Indicate the type of entity [e.g. a trust] and insert the entity's formal name above)

Investment Products Offered

Are Not FDIC Insured • May Lose Value • Are Not Bank Guaranteed

C. Beneficiary Information

The Beneficiary is the person whose Qualified Higher Education Expenses are payable from the Account.

Social Security/Tax ID Number		Date of Birth
Last Name	First Name	M.I.

3. This Withdrawal Request is (check one):

See the Program Description for more information. This request will not be processed unless one of the withdrawal types below is selected:

- Qualified**—A Qualified Withdrawal is used to pay Qualified Higher Education Expenses of the Account’s Beneficiary. This generally includes tuition, fees, room and board, and the cost of books, supplies and equipment required for enrollment or attendance of the Beneficiary at an Eligible Educational Institution. The distribution is not subject to an IRS Non-Qualified Withdrawal Penalty or an administrative charge. Any applicable sales charges will be applied to the withdrawal.
 Certain Qualified Withdrawals may be requested online or by phone. Additional information about these options can be found at the top of the prior page.
- Non-Qualified**—A Non-Qualified Withdrawal is subject to the 10% IRS Non-Qualified Withdrawal Penalty on any earnings and a \$50 administrative charge. The earnings portion of the withdrawal is includable in computing the federal taxable income of the distributee of the withdrawal. Any applicable sales charges will be applied to the withdrawal.
- Due to the death of the Beneficiary**—Medallion Signature Guarantee is required for this type of distribution.
- Due to the disability of the Beneficiary**—In the event the Beneficiary has become disabled, you must provide a letter from the Beneficiary’s doctor specifying long-term disability of the Beneficiary. In lieu of a doctor’s letter, AllianceBernstein will accept a statement from the Social Security Administration verifying that the Beneficiary is totally and permanently disabled and receiving disability benefits.
- Due to the receipt of a scholarship by the Beneficiary**—In the event the Beneficiary has received a scholarship, you must provide a letter from the grantor of the scholarship or from the Eligible Educational Institution receiving or administering the scholarship that:
 - Identifies the Beneficiary by name as the recipient of the scholarship
 - States the amount of the scholarship
 - If applicable, the Eligible Educational Institution to which the scholarship is to be applied. If the withdrawal exceeds the amount of the scholarship awarded to the Beneficiary, the 10% IRS Non-Qualified Withdrawal Penalty on any earnings, a \$50 administrative charge and any applicable sales charges will be imposed on the excess amount of the withdrawal.
- A Direct Transfer to another Qualified Tuition Program**—A Direct Transfer to another Qualified Tuition Program is subject to a \$50 administrative charge.
- An Anticipated Rollover to another Qualified Tuition Program**—A Rollover to another Qualified Tuition Program is subject to a \$50 administrative charge. An Anticipated Rollover is processed as a Non-Qualified distribution. Please see the Non-Qualified section above. The proceeds must be deposited with a Qualified Tuition Program within 60 days to be considered a Qualified Rollover. If you complete the Anticipated Rollover within 60 days, please contact *CollegeBoundfund* and we will adjust the distribution to reflect as a Rollover to a Qualified Tuition Program. Any applicable sales charges will be applied to the withdrawal.

4. Withdrawal Instructions

A. Request for a One Time Withdrawal*

The withdrawal must be at least \$100 unless the Account is to be closed or no further Qualified Withdrawals are expected for the Beneficiary. If the amount of the withdrawal requested is more than the actual account balance available for withdrawal, the request will be considered as a request to withdraw the maximum permissible amount.

Fund Name or Number	Dollar Amount	Entire Balance
_____	\$ _____	Or <input type="checkbox"/>
_____	\$ _____	Or <input type="checkbox"/>
_____	\$ _____	Or <input type="checkbox"/>
_____	\$ _____	Or <input type="checkbox"/>
TOTAL:		<input style="width: 100px; height: 20px;" type="text"/>

* Withdrawal of *CollegeBoundfund* portfolios may be subject to a Contingent Deferred Sales Charge fee. Please see the Program Description for more information or contact a Client Services Associate at 888.324.5057.

B. Request for Automatic Withdrawal Plan

Do not complete this section for one-time withdrawals.

The amount noted below will be withdrawn from the Fund/Account based on the frequency and date selected below. The payee is limited to the Participant, Beneficiary, Eligible Educational Institution or Pre-Paid Tuition Program. The distribution will be mailed the business day following the date of the distribution.

Fund Name or Number	Dollar Amount	Date of Final Distribution	Until All Assets Are Distributed
_____	\$ _____	_____	Or <input type="checkbox"/>
_____	\$ _____	_____	Or <input type="checkbox"/>
_____	\$ _____	_____	Or <input type="checkbox"/>
_____	\$ _____	_____	Or <input type="checkbox"/>
TOTAL:		<input style="width: 100px; height: 20px;" type="text"/>	

Please select installment frequency: Monthly Quarterly Semi-annually Annually

Process the distribution on the ____ day of the month. Make the first distribution on the following month/year: MM/YYYY ____ / ____

5. Payment Instructions

A. Payee Information

- Make check payable to the Participant/Owner at the address of record (Proceed to Section 6)
- Transfer the funds to the Participant/Owner via Electronic Funds Transfer (Proceed to Section 5B)
- Make check payable to the Beneficiary/Student (Please indicate the address below)
- Make check payable as indicated below:

Name of Payee (Eligible Institution, another Qualified Tuition Program, Third Party, Participant not at the address of record, or Beneficiary not at the address of record.)

Account Number or Student ID (If payee is Eligible Institution, Student ID is required)

Mailing Address/Address of Record

City State ZIP Code

B. Bank Account Information

An Electronic Funds Transfer is available only on distributions payable to the **Participant**. Bank instructions must list the **Participant** as a registered owner of the bank account. Please note, temporary checks cannot be accepted.

- Use existing bank account information on file
- Use new bank account information provided below. (Please attach a pre-printed voided check or deposit slip on the following page.)

This bank account information will be used for withdrawals:

Your Bank's ABA Number Your Bank's Account Number

- Checking Account
- Savings Account

For EFT transactions, the Fund requires signatures of bank account owners exactly as they appear on bank records. If the registration at the bank differs from that on the AllianceBernstein CollegeBoundfund, all owners of the bank account must authorize the draft by signing below:

Signature (All bank account owners must sign.) Date

Signature Date

Continued on the next page. Participant must sign in Section 6.

Please Tape a Preprinted Voided Check Here



Bank ABA Routing # Check # Bank Account #

6. Signature

By signing below, I certify that I am Participant of the Account or am acting in the capacity indicated in Section 1 of this form. I certify that the information provided on this form is in all respects true, complete and correct, and that I fully understand the consequences of the action authorized on this form. If the participant is a legal entity, I hereby certify that the document on file with AllianceBernstein is a true and correct copy and in full force and effect.

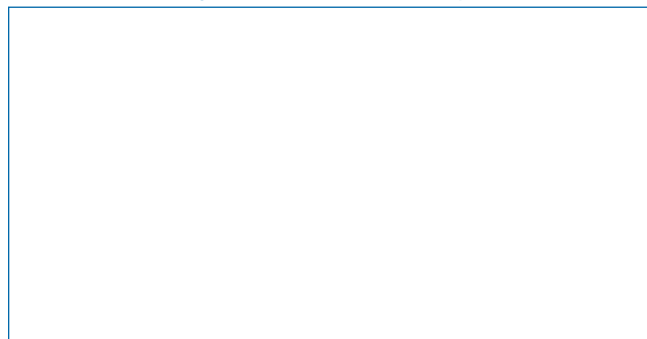
Signature of Current Participant or Guardian if Participant is a Minor

Date

A Medallion Signature Guarantee will be required for any of the following:

- Authorization from an individual other than the CollegeBoundfund Participant.
- If the payee is the Participant of the Account and the address to which the payment is to be made is different from the address of the Participant on record with CollegeBoundfund.
- If the payee is the Participant or Beneficiary of the Account and the address to which the payment is to be made is the address of the payee on record with CollegeBoundfund, but the address has been changed within 30 days prior to the date of this form.
- If the withdrawal amount payable to the Beneficiary exceeds a total of \$7,500 within the last 30 days.
- If the withdrawal amount payable to Participant, Eligible Education Institution or Qualified Tuition Program exceeds \$100,000.
- If the payee is not the Participant of the Account, Beneficiary of the Account, Eligible Educational Institution or Qualified Tuition Program.
- If the distribution is due to the death of the designated Beneficiary.

Affix Medallion Signature Guarantee Stamp Below*



* A Medallion Signature Guarantee is defined as a guarantee of signature as a warranty, with respect to the signature of an endorser of a security or an originator of an instruction regarding a security that, at the time of signing, guaranteed the signature was genuine; the signer was an appropriate person to sign or, if the signature is by an agent, the agent had actual authority to act on behalf of the appropriate person; and the signer had legal capacity to sign.

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