

3. Amount of distribution *(Choose one.)*

A. **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contributions *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. **Partial amount of \$** , . .

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, CollegeBound 529 will liquidate the entire balance, discontinue your Recurring Contributions, and close your Account.

C. **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for distribution, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount	OR	Total balance
	<i>(For partial amounts.)</i>		<i>(Check if applicable.)</i>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the CollegeBound 529 Program Description and understand the rules and regulations governing distributions from my CollegeBound 529 Account. I also certify that the information provided on this form is accurate and hereby instruct CollegeBound 529 to distribute my Account as I have indicated.
- By signing below, I authorize CollegeBound 529 or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address, I cannot withdraw funds within nine business days of the change without the Medallion Signature Guarantee.
- I understand that the earnings portion of Non-Qualified Distributions is subject to federal income tax and an additional 10% federal penalty tax, and may be subject to state income tax. I understand that Non-Qualified Distributions due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may not be subject to an additional 10% federal penalty tax. Further, I also understand that I am responsible for reporting the distribution on my income tax returns for the tax year the Non-Qualified Distribution was made.
- I understand that if I took a state income tax deduction or received a credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account in question, and that this request is in the best interest of the Beneficiary.

If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Section 5.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

5. Medallion Signature Guarantee — REQUIRED IF THE ADDRESS HAS CHANGED WITHIN THE LAST NINE BUSINESS DAYS AND YOU WOULD LIKE TO WAIVE THE NINE BUSINESS DAY HOLD PERIOD FOR THIS WITHDRAWAL REQUEST.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound 529 Program Description.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Signature Guarantor

Title

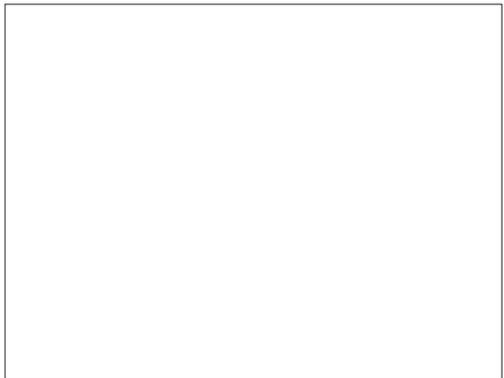
Title

Name of Institution

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)



State of Rhode Island
Office of the General Treasurer
Seth Magaziner

