Path2College 529 Plan
Save for the future. Today.®
Offered by the State of Georgia

Path2College 529 Plan
Withdrawal Request Form

Use this form to withdraw funds from the Plan
Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.com

Instructions

- Read the Plan *Disclosure Booklet*, which contains a discussion of the tax implications of taking a withdrawal, before completing this form. You can obtain a copy online or by calling the Plan. (Account Owners with online account access and banking information on file for at least 30 days may also request a withdrawal by logging into their account.)
- Complete a separate form for each type of withdrawal, including expenses greater than the amount of any scholarship, each designated payee and/or for each Beneficiary. Additional copies of this form, or any Plan form, are available online.
- 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 for an entity Account, for an Account in which the individual completing the form is acting in a legal capacity as a representative of the Account Owner, or for an account in which if the address of record has been changed or the Account was transferred to a new Account Owner in the past 30 days.[1]

1 Type of Withdrawal *(Check only one box.)*

- ☐ **Qualified Withdrawal**
  The withdrawal will be used for the Qualified Higher Education Expenses of the Beneficiary at an Eligible Educational Institution, which is generally an accredited postsecondary educational or vocational school that is eligible to participate in federal financial aid programs under Title IV of the Higher Education Act of 1965.
- ☐ **Unqualified Withdrawal**
  The withdrawal will **not** be used for the Qualified Higher Education Expenses of the Beneficiary.
- ☐ **Withdrawal due to a qualified scholarship awarded to the Beneficiary**
  The withdrawal must be equal to less than the amount of the scholarship.
- ☐ **Withdrawal due to the Beneficiary's attendance at a United States Military Academy**
- ☐ **Withdrawal due to the disability of the Beneficiary**
- ☐ **Withdrawal due to the death of the Beneficiary**

2 Account Information

				-											(			)			-				

Fund and Plan Account Number (Provide any one from your statement.) *Day Telephone Number*

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

3 Withdrawal Information

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

- **Qualified Withdrawals** may be made payable to the Account Owner or to the Eligible Educational Institution.
- **Unqualified Withdrawals and other types of withdrawals** will be made payable to the Account Owner or Beneficiary, as directed by the Account Owner in Section 4.

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

Investment Option Name ***(Fund Type)***	**Indicate a specific amount or "ALL" for each Investment Option**
Managed Allocation Option *(Age based)*	$, .
Aggressive Managed Allocation Option *(Age based)*	$, .
100% Equity Option *(Equity)*	$, .
Balanced Fund Option *(Blended)*	$, .
Fixed Income Option *(Fixed Income)*	$, .
Guaranteed Option *(Guaranteed)*	$, .
Money Market Option *(Capital Preservation)*	$, .
Total Withdrawal Amount	$, .

Note: You cannot withdraw funds until 10 days after receipt of each contribution by the Plan. Your withdrawal will be reduced by the number of recently acquired Trust units, if applicable.

[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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

4 Payment Information *(Check only one box.)*

- ☐ **Pay to Account Owner by Check** *(A check will be mailed to the Account Owner's address of record.)*
- ☐ **Pay to Beneficiary by Check** *(A check will be mailed to the Beneficiary's address of record.)*
- ☐ **Pay to Account Owner by Electronic Funds Transfer (EFT)** *(Funds will be sent to the Account Owner's bank.)*
  The option to receive payments by EFT is only available if the Plan has your bank account on file for at least 30 days without any changes; otherwise a check will be mailed to your address of record. Your bank account will be credited separately for the contribution and earnings amounts, if any, from each Investment Option. You could receive more than one deposit into your bank account.
- ☐ **Pay to Eligible Educational Institution** *(A check will be sent to the school at the address provided 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 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 on both the mailing address and on the check.)

School Mailing Address (Line 1)

School Mailing Address (Line 2)

School City, State, Zip

5 Signature and Certification *(This section must be signed or the withdrawal cannot be processed.)*

By signing below, I certify that the information contained in this Form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:
The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations described in the *Withdrawal Guidelines*.

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 Options) 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 an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

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.

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

Important Information

A Medallion Signature Guarantee is required 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 if the address on the account has been changed or the Account was transferred to a new Account Owner in the past 30 days. 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.

GUARANTOR TO AFFIX STAMP HERE

TIAA CREF
FINANCIAL SERVICES FOR THE GREATER GOOD™

Mail this form to:

Regular Mail
(If needed, call for overnight mailing address.)

Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

Program Administration by TIAA-CREF Tuition Financing, Inc.