

Reason for withdrawal (continued)

- G. **Withdrawal for a Qualified Education Loan Repayment to the Account Owner.****
- H. **Withdrawal for a Qualified Education Loan Repayment to the Beneficiary.****
- I. **Indirect rollover.**** I will invest my withdrawal in another Qualified Tuition Program within the next 60 days.
- J. **Federal Non-Qualified Withdrawal to the Account Owner.***** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses, K-12 Tuition Expenses, Apprenticeship Program Expenses or Qualified Education Loan Repayments.
- K. **Federal Non-Qualified Withdrawal to the Beneficiary.***** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses, K-12 Tuition Expenses, Apprenticeship Program Expenses or Qualified Education Loan Repayments. *(The Beneficiary will receive a check at the address you indicated in **Section 2** unless you designate an alternate mailing address in **Section 5**.)*

* The IRS may require you to substantiate that your withdrawal is qualified. Consult the IRS or your tax advisor for current documentation requirements.

** Please note: **Federal law** allows the following account distributions with no resulting federal taxes or penalties: up to \$10,000 per beneficiary per year for K-12 Tuition Expenses, up to a lifetime amount of \$10,000 per individual for Loan Repayment Expenses, and indirect rollovers to another 529 program.

Under **New York State law**, these distributions will be considered nonqualified withdrawals and will require the **recapture of any New York State tax benefits that have accrued on contributions**.

*** Earnings on Federal Non-Qualified Withdrawals are subject to federal income tax and may be subject to a 10% federal penalty tax, as well as state and local taxes and state deduction recapture. For more information, refer to the Disclosure Booklet.

4. Amount of withdrawal *(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. **Note:** If you contribute to the Account by Payroll Direct Deposit, you must notify your payroll department of the change.

B. **Partial amount prorated from all Investment Options in your account.** Provide the total amount of your withdrawal below. We will withdraw that amount proportionately from all Investment Options you own.

\$, .
 Total withdrawal amount

C. **Partial amount as follows.**

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

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" 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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Signature — YOU MUST SIGN BELOW

IMPORTANT: If you require a Medallion Signature Guarantee, do not sign in this section; see **Section 7**.

I certify that I have read the Disclosure Booklet and Tuition Savings Agreement and understand the rules and regulations governing New York's 529 Advisor-Guided College Savings Program.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

7. Medallion Signature Guarantee - REQUIRED FOR WAIVING OF HOLDING PERIOD FOR NEW BANKING INFORMATION OR THE USE OF AN ALTERNATE MAILING ADDRESS

- You must provide the following information as underwritten certification that the signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other 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 I have read the Disclosure Booklet and Tuition Savings Agreement and understand the rules and regulations governing New York's 529 Advisor-Guided College Savings Program.

SIGNATURE

Signature of Account Owner

SIGNATURE

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here