

New York's 529 Advisor-Guided College Savings Program

# **Withdrawal Request Form**



- Complete this form to request a full or partial withdrawal from your New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "the Plan") Account. You must submit a separate form for each type of withdrawal you are requesting. See the Advisor-Guided Disclosure Booklet and Tuition Savings Agreement ("Disclosure Booklet") for more information. Capitalized terms that are not defined in this form have the meaning given to them in the Disclosure Booklet.

**Note:** You can also request a withdrawal by telephone or online at [www.ny529advisor.com](http://www.ny529advisor.com).

- We are required to file IRS Form 1099-Q if you take a withdrawal from your Advisor-Guided Plan Account. Contact your financial professional or the IRS for any documents you may be required to retain evidencing the type of withdrawal you are making.
- Contributions and rollovers by check, recurring contribution, and electronic bank transfer (EBT) may not be collected for seven business days. We will process the withdrawal on the appropriate trade date, but will not send proceeds from the withdrawal request until the money has been collected.
- If the address to which you've requested the withdrawal be sent has changed in the last nine (9) business days, or if you have changed your banking information in the last fifteen (15) calendar days, your withdrawal proceeds will be held until this waiting period has been satisfied. **If you want the withdrawal released prior to the expiration of the waiting period, a Medallion Signature Guarantee is required in Section 7.**
- Enter your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.
- Under New York State law, distributions used to pay for K-12 Tuition Expenses will be considered non-qualified withdrawals and will require the recapture of any New York State tax benefits that have accrued on contributions.

Forms can be downloaded from our website at [www.ny529advisor.com](http://www.ny529advisor.com), or you can call us to order any form—or request assistance in completing this form—at **1.800.774.2108** any business day from 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:  
**New York's 529 Advisor-Guided College Savings Program**  
**P.O. Box 55498**  
**Boston, MA 02205-5498**

For overnight delivery or registered mail, send to:  
**New York's 529 Advisor-Guided College Savings Program**  
**95 Wells Avenue, Suite 155**  
**Newton, MA 02459**

## 1. Account Owner information

\_\_\_\_\_ — \_\_\_\_\_

Account Number

\_\_\_\_\_

Last Four Digits of Social Security Number or Taxpayer Identification Number

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Name of Account Owner (first, middle initial, last)

Name of Account Owner (first, middle initial, last)

Telephone Number (In case we have a question about your Account)

*Telephone Number (in case we have a question about your Account.)*



## 2. Beneficiary information

Name of Beneficiary (*first, middle initial, last*)

Four empty square boxes for drawing.

Last Four Digits of Social Security Number or Taxpayer Identification Number

Mailing Address (*Required if check is payable/sent to Beneficiary*)

City

100

$$\boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad - \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}} \quad \boxed{\phantom{0}}$$

Zip Code

**3. Reason for withdrawal** (Choose only **one** of the following.)

- A.  **Qualified withdrawal to the Account Owner.**\* My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses.
- B.  **Qualified withdrawal to the Beneficiary.**\* My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(The Beneficiary will receive a check at the address you indicated in **Section 2** unless you designate an alternate mailing address in **Section 5**.)*
- C.  **Qualified withdrawal to an Eligible Educational Institution.**\* Make my check payable to the college or university and deliver it to the exact address below.

*(If selecting Priority delivery in **Section 5**, please provide a street address and **not** a P.O. Box)*

A horizontal row of 20 empty square boxes, likely for drawing or writing, arranged in a single line.

Name of School (*Complete only if the withdrawal is to be sent directly to the school.*)

Department/Office/Contact Name

A horizontal row of 20 empty rectangular boxes, each with a thin black border, intended for handwritten names.

Student ID

### Mailing Address

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ANSWER

- D.  Qualified withdrawal for Apprenticeship Program Expenses to the Account Owner.\*
- E.  Qualified withdrawal for Apprenticeship Program Expenses to the Beneficiary.\*
- F.  Withdrawal for K-12 Tuition Expenses to the Account Owner.\*\*

**Reason for withdrawal (*continued*)**

G.  **Qualified Withdrawal for a Qualified Education Loan Repayment to the Account Owner.\***

H.  **Qualified 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: While **Federal** law allows account distributions with no resulting federal taxes or penalties up to \$10,000 per beneficiary per year for K-12 Tuition 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 (For partial amounts.)	OR	Total balance (Check if applicable.)
<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 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 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 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 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 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

$$\boxed{\phantom{00}} \quad \boxed{\phantom{00}} \quad - \quad \boxed{\phantom{00}} \quad \boxed{\phantom{00}} \quad - \quad \boxed{\phantom{00}} \quad \boxed{\phantom{00}} \quad \boxed{\phantom{00}} \quad \boxed{\phantom{00}}$$

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

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

## Title

1. **What is the primary purpose of the study?** (e.g., to evaluate the effectiveness of a new treatment, to explore a new research question, to describe a population, etc.)

Name of Institution

\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_

Date (*mm/dd/yyyy*)

**Authorized Officer to place stamp here**