

New York's 529  
**Advisor<sup>1</sup> Guided<sup>®</sup>**  
College Savings Program

- Forms can be downloaded from our website at **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.

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**

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



## 2. Beneficiary information

Name of Beneficiary (first, middle initial, last)

Last Four Digits of Social Security Number or Taxpayer Identification Number

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

City

State

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)

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

Department/Office/Contact Name

Student ID

Mailing Address

City

State

Zip Code

- 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 <i>(For partial amounts.)</i>	OR	Total balance <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="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="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="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="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="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="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="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

**5. Delivery Method** *(Choose only one of the following.)*

- A. ☐ **First-class mail.** Check will be mailed via USPS to the recipient's address on file (unless Section 5. D. applies). Allow up to 10 business days for delivery or longer after recent contributions or account maintenance. See page 1.

- B. ☐ **Priority delivery.** Not available for P.O. boxes or non-street addresses.

A transaction charge of \$15 will be applied to your Account.

Your withdrawal check will be sent to the recipient's address on file (unless Section 5. D. applies) and should be received within three (3) business days of your trade date (no Saturday or holiday delivery). Recent contributions or certain account maintenance may delay the date the check is released. See page 1.

- C. ☐ **By Automated Clearing House (ACH) to Bank Account of Account Owner.**

**Important:** If bank information has previously been added to your Account, it may take two (2) to five (5) business days for the proceeds of the withdrawal to transmit to your bank account. If you are providing bank information below, or if you have added bank information within the last fifteen (15) calendar days, the proceeds of your withdrawal will be held until this waiting period has been satisfied. **To waive this holding period, a Medallion Signature Guarantee is required in Section 7.** To establish bank services now, fill out the information below:

**Bank information.** ACH can only be made through accounts held by a U.S. Bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

**Important:** By signing this paperwork, you agree and confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

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Bank Name

[illegible]

Bank Registration (Name on bank account)

Account Type

Bank Routing Number

Bank Account Number

Account Type  
(Check One):

Checking

Savings

**Note:** The routing number is usually located on the bottom left corner of your checks. You can also ask your bank for the routing number.

- D. ☐ **Account Owner or Beneficiary Alternate Mailing Address.** A Medallion Signature Guarantee in **Section 7** is required for this option.

[illegible]

Mailing Address

        -

City

State

Zip Code

## 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**