### New York's 529 Advisor-Guided College Savings Program

## Withdrawal Request Form



• Complete this form to request a full or partial qualified or non-qualified 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. The earnings portion of non-qualified withdrawals from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. 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**.

- We are required to file IRS Form 1099-Q if you take a withdrawal from your Advisor-Guided Plan Account.
- A contribution must be invested with the Advisor-Guided Plan for a period of seven (7) business days prior to withdrawal.
- If the address to which you've requested the withdrawal be sent has changed, or if you have changed your banking information in the last fifteen (15) calendar days, your withdrawal 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.
- Type in 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**, 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 7 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	<b>Owner</b>	information

Account Number	Social Security Number or Taxpayer Identification Number
Name of Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	



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<sup>\*</sup> The IRS may require you to substantiate that your withdrawal is qualified. Consult the IRS or your tax professional for current documentation requirements.

on for withdrawal <i>(continued)</i>		
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Higher Education Expenses or K-12 Tuition Expe	enses. (You will receive a check at your address	
Higher Education Expenses or K-12 Tuition Expe	enses. (The Beneficiary will receive a check at th	•
year for tuition expenses in connection with enre school with no resulting federal taxes or penalti- will be considered non-qualified withdrawals and	ollment or attendance at an elementary or second es. <i>However, under New York State law, distributi</i> d will require the recapture of any New York State	dary public, private, or religious ions used to pay these expenses tax benefits that have accrued on
ınt of withdrawal (Choose one.)		
below. We will withdraw that amount proportions are the second of the se	•	amount of your withdrawal
Important: If the dollar amount you indicate fo		nount available for withdrawal,
Name of Investment Option	<b>Dollar amount</b> (For partial amounts.)	OR Total balance (Check if applicable.)
Name of Investment Option		
Name of Investment Option	(For partial amounts.)	
Name of Investment Option	(For partial amounts.)	
Name of Investment Option	(For partial amounts.)	
Name of Investment Option	(For partial amounts.)	
Name of Investment Option	(For partial amounts.)	
	Non-qualified withdrawal to the Account Higher Education Expenses or K-12 Tuition Expense an alternate mailing address or ACH in Section Non-qualified withdrawal to the Beneficiar Higher Education Expenses or K-12 Tuition Expenses or K-12 Tuition Expenses or K-12 Tuition Expenses. Please year for tuition expenses in connection with enroschool with no resulting federal taxes or penaltic will be considered non-qualified withdrawals and contributions. Please consult with a qualified taxe unt of withdrawal (Choose one.)  Full balance. Withdraw the entire amount he Contributions (if applicable), and close this Accompayroll department of the change.  Partial amount prorated from all Investment below. We will withdraw that amount proportions is amount as follows.  Important: If the dollar amount you indicate for the change in the contribution of the change.	Full balance. Withdraw the entire amount held in all of the Investment Options in my Account Contributions (if applicable), and close this Account. If I contribute to the Account by Payroll Dipayroll department of the change.  Partial amount prorated from all Investment Options in your account. Provide the total abelow. We will withdraw that amount proportionately from all Investment Options you own.  \$

<sup>\*\*</sup> Non-qualified withdrawals include those made because the Beneficiary has become disabled, received a scholarship, or died.

Note: Earnings on 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. For more information, refer to the Disclosure Booklet.

Deliv	ery wethod (Choose only one of the following.)
A	First-class mail. Check will be mailed via USPS. Allow up to 10 business days for delivery.
В.	<b>Priority delivery.</b> Not available for P.O. boxes or non-street addresses.
	A transaction charge of \$15 will be applied to your Account. Your distribution check should be received within three (3) business days of your trade date (no Saturday or holiday delivery). Priority delivery is not available for HESC payments. Allow up to 3 weeks for payments to the school by HESC.
C	By Automated Clearing House (ACH) to Bank Account of Account Owner.
	<b>Important:</b> 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, your withdrawal will be held until this waiting period has been satisfied. <b>To waive this holding period, a Medallion Signature Guarantee is required in Section 7.</b> To establish bank services now, fill out the information below:
	<b>Bank information.</b> 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.
	<b>Important:</b> 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.
	Bank Name
	Park Positration (Many on hork associated)
	Bank Registration (Name on bank account)  Account Type (Check One):  Bank Routing Number  Bank Account Number  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	<b>Account Owner or Beneficiary Alternate Mailing Address.</b> A Medallion Signature Guarantee in <b>Section 7</b> is required for this option.
	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.

#### By signing below, I hereby certify that:

- I have received the Disclosure Booklet and Tuition Savings Agreement of New York's 529 Advisor-Guided College Savings Program ("Disclosure Booklet"). I understand that by signing this form, I am agreeing to be bound by the terms and conditions of the Disclosure Booklet. I understand that New York's 529 Advisor-Guided College Savings Program ("Plan") may from time to time amend the Disclosure Booklet, and I agree I will be subject to the terms of those amendments. I understand that the Disclosure Booklet and this form shall be construed, governed, and interpreted in accordance with the laws of the State of New York.
- I understand that the Disclosure Booklet and the Plan forms signed by me constitute the entire agreement between the Account Owner and the Plan. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal, state or local income and penalty taxes as a consequence of certain activities, including without limitation non-qualified withdrawals, terminating my Account, or changing my Beneficiary to an ineligible person. Account Owners should seek advice from a qualified tax professional.
- I understand that contributions to the Plan are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation, the State of New York, its agencies, or any other government or government agency, Ascensus Broker Dealer Services, Inc., and its affiliates, J.P. Morgan Distribution Services, Inc., or the investment managers for the underlying funds in the Plan. There is no assurance that my Account will generate any specific rate of return; and there is no assurance that the Account will not decrease in value. I understand that I could lose money.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the Plan and in any other Qualified Tuition Program offered by the State of New York on behalf of the Beneficiary to exceed the Maximum Account Balance set forth in the Disclosure Booklet are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor.
- I understand that the Investment Options offered by the Plan have been designed to save for post-secondary higher education
  expenses and that for New York State tax purposes, the earnings on a withdrawal used to pay K-12 Tuition Expenses will be
  considered a non-qualified withdrawal and will require the recapture of any New York State tax benefits that have accrued
  on contributions
- all the information that I provided on this form is true and accurate in all material respects, that Ascensus Investment Advisors, LLC and its affiliates are entitled to rely on the information provided herein and the instructions provided on this form, and that I am bound by any and all statutory, administrative, and operating procedures that govern the Plan.

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SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)

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.

  By signing this form I agree to all of the certifications, terms and conditions set forth above in **Section 6**.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner	Authorized officer to place stamp here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	

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