MI 529 Advisor Plan

Withdrawal Request Form



Monday to Friday 8:30 a.m. - 6 p.m. ET

www.mi529advisor.com

1.866.529.8818

Regular mailing address:

Boston, MA 02205-5847

Overnight mailing address: **MI 529 Advisor Plan**

Newton, MA 02459

95 Wells Avenue, Suite 155

MI 529 Advisor Plan

P.O. Box 55847

- For faster processing, you can request a withdrawal online at mi529advisor.com.
 Note: You can also request most withdrawals by telephone.
- Use this form to request a full or partial Qualified Withdrawal, Non-Qualified Withdrawal or Indirect Rollover from your MI 529 Advisor Plan Account. You must submit a separate form for each withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. State tax treatment of withdrawals for K-12, apprenticeship expenses, and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the MI 529 Advisor Plan Description or consult with a tax advisor.
- The MI 529 Advisor Plan is required to file IRS Form 1099-Q when you take a withdrawal from your MI 529 Advisor Plan Account.
- A contribution must be invested with MI 529 Advisor Plan for a period of 8 Business Days prior to withdrawal.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed.
- A Medallion Signature Guarantee may be required. See **Section 6** below.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below in **Section 6**.
- 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 mailing address listed. **Do not staple**.

To request assistance in completing this form call us at 1.866.529.8818, Monday through Friday from 8:30 a.m. - 6 p.m. ET.

Account Number	 Account Owr	ner Social Sec	urity Numbe	r or Taxpay	er Identifi	cation Nun	nber <i>(Req</i>
Account Owner or Entity (First name) (Required)							
Account Owner or Entity (Last name) (Required)							
Telephone Number							
Danafiaiam Information							
Beneficiary Information							
Beneficiary Information Beneficiary (First name)							



3. Withdrawal Details (Choose only one of the following A,B,C, or D) (Required)

Important: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your account online or download the **Account Features Form** at **mi529advisor.com**.

Note: State tax treatment of withdrawals for K-12, apprenticeship expenses and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Plan Description or consult with a tax advisor.

Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Withdrawals will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.

Withdraw	ai to the	ACC	ount	Partic	cipant																				
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address of record.) (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q).

4.	Deliv	very Method (Choose only one of the s	following.)								
	A	First-class mail. Check will be mailed via US	SPS.								
	В.	Expedited delivery. (Not available for P.O. B account.)	oxes, non street addresses. A transaction charge	of \$15 will be applied to your							
	C	By Automated Clearing House (ACH) to B Only available for withdrawal requests to Acc to the Beneficiary must be sent via check.	ank Account. (already on file). ount Owner or Qualified withdrawals to the Benef	ficiary. Non-Qualified withdrawals							
		Please confirm bank information on file:									
		Bank Name	l	Last four digits of Bank Account Number							
5 .	Amoi	unt of Withdrawal (Choose one.)									
	A		eld in all of the Investment Portfolios in my Accou ount.	int, discontinue my Recurring							
	В.	Partial Pro-Rated amount									
		\$ Dollar Amount									
			my current Investment Portfolios. If the amount you he entire balance, discontinue your Recurring Con								
	C	Partial Fund Specific									
		Important: If the dollar amount you indicate for a particular Investment Portfolio exceeds the amount available for withdrawal as of the previous business day, we will liquidate the entire balance of that Investment Portfolio									
		Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR Total balance (Check if applicable.)							
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Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

6. Signature and Certification—YOU MUST SIGN BELOW

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 and outlined in the Plan Description.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested withdrawal represents qualified higher education expenses as defined in the Plan Description. 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 outlined in the Plan Description.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire
 Account balance (in all Investment Portfolios) but it will continue if I have only requested a partial withdrawal from my Account unless
 an Account Features Form accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer to stop my payroll direct deposit.
- Reimbursement for elementary or secondary tuition payments may be sent to the Account Owner only.
- For Minor Trust Accounts, including Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For Entity Accounts, including Minor Trust accounts with a minor as the Beneficiary, I certify I am authorized by the Entity Account
 Owner identified in **Section** 1 to act on its behalf in making this withdrawal and I have attached the appropriate documentation to
 substantiate authorization for this transaction.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am withdrawing my entire Account balance, I request the cancellation of my Participation Agreement and the closure of my Account.

If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Medallion Signature Guarantee section.

SIGNATURE	
Signature of Account Owner or Authorized Representative of Entity	Date (mm-dd-yyyy)

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is \$100,000 or more, a Medallion Signature Guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been added to your account in the past 30 Calendar Days, a hold will be placed on the issuance of this withdrawal until the 30 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If the address on your Account has changed, a hold will be placed on the issuance of this withdrawal until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- A Medallion Signature Guarantee is required for all Entity Accounts except Accounts owned by a trust so long as the Plan has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Owner.
- 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.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified 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 the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the MI 529 Advisor Plan Description.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner or Authorized Representative of Entity	Authorized officer to place stamp here
Signature Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

