

TD AMERITRADE 529 College Savings Plan  
PO Box 82634  
Lincoln, NE 68501

**Instructions:**

- Please complete all sections and return this form to request a withdrawal. Please type or print clearly.
- Only the Account Owner may make withdrawals on the account. You will need a separate form if you wish to make more than one type of withdrawal or from more than one account.
- If you have questions regarding this form, please call **1-877-408-4644**.

**1 ACCOUNT INFORMATION**

Account Number		
Account Owner's First Name	MI	Last Name
Mailing Address		
City, State, ZIP Code		
Account Owner's Social Security Number	Daytime Telephone Number (    )	
Beneficiary's First Name	MI	Last Name
Mailing Address		
City, State, ZIP Code		
Beneficiary's Social Security Number	Daytime Telephone Number (    )	

**2 TYPE OF WITHDRAWAL**

Please identify if the withdrawal is Qualified or Non-Qualified. The Account Owner is required to retain records and receipts. **TD AMERITRADE strongly recommends that Account Owners keep records and receipts of all Higher Education Expenses for IRS purposes.**

- Qualified Withdrawal**  
Qualified Withdrawals are Qualified Higher Education Costs of the Beneficiary. **Higher Education Costs may include: Tuition, Fees, Reasonable Room and Board, Books and Equipment/Supplies required for enrollment.** A withdrawal to pay for any other expenses will be considered a Non-Qualified Withdrawal. See Enrollment Handbook.
- Non-Qualified Withdrawal**  
A Non-Qualified withdrawal is any withdrawal that is not a Qualified Withdrawal under the Internal Revenue Code and the rules and regulations thereunder applicable to 529 college savings plans.  
**Note:** Non-qualified withdrawals are subject to income tax and a 10% federal penalty on earnings. The 10% penalty is waived in the following instances. Please indicate if any of the following apply:
- Scholarship** awarded to the beneficiary. You may withdraw up to the amount of the awarded scholarship without penalty. Non-qualified withdrawals over the scholarship amount are subject to the 10% penalty.
- Death** of the Beneficiary (attach a certified copy of the Beneficiary's death certificate).
- Permanent disability** of the Beneficiary. Provide documentation of an award of Social Security Disability Insurance or a letter from a physician certifying the Beneficiary is disabled under the Social Security Administration's disability definition.

**3 WITHDRAWAL AMOUNT**

Enter the amount of the withdrawal. (You may divide this amount. Please indicate the amount to be sent to each party in Section 4.)

Total Amount \$ \_\_\_\_\_ OR  Entire Balance, OR  Close Account

**4 PAYMENT INSTRUCTIONS**

Please select where you would like the payment sent.

Send the payment to the **Institution of Higher Education** listed below. **You must include a copy of the invoice from the institution.**  
Please keep a copy for your records:

\_\_\_\_\_  
Name of Qualified Higher Education Institution

\_\_\_\_\_  
Mailing Address and Department

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Student ID

\$ \_\_\_\_\_  Full Amount in Section 3  
Amount

Send the payment to the **Account Owner/Custodian** at the address listed in Section 1 on the front of this form.

\$ \_\_\_\_\_  Full Amount in Section 3  
Amount

Send the payment to the **Beneficiary** at the address listed in Section 1 on the front of this form.

\$ \_\_\_\_\_  Full Amount in Section 3  
Amount

**5 AUTHORIZATION**

I hereby request the withdrawal as indicated. The TD AMERITRADE 529 College Savings Plan is entitled to rely on this request and is released from any and all claims I may have or hereafter claims with respect to the withdrawal. I certify the Social Security numbers given in Section 1 are correct and that all information contained herein is true and correct. I certify that no other request has been previously submitted for this reimbursement or payment for these expenses from this Plan or any other qualified tuition program. I am also aware that I am responsible for providing the necessary substantiation as may be required by the IRS for verification of qualified withdrawals. Please allow approximately 7-10 business days to process this request.

If the Account is a UGMA/UTMA account, I further certify that I am the Custodian of the Account and that the Withdrawal request is necessary for the welfare of the Beneficiary. If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this Withdrawal.

X \_\_\_\_\_  
Signature of Account Owner or Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

**SIGNATURE GUARANTEE**

Please affix signature guarantee along with authorized signature, title and date.

A Signature Guarantee is required for withdrawals over \$25,000. If you have changed the address on this Account and this withdrawal is within 30 days of that change, a Signature Guarantee is required. A Signature Guarantee is a stamped or typed assurance by a financial institution that indicates a signature is valid. It may be obtained at most financial institutions or banks.