

3 Reason for Withdrawal

Check One.

- Qualified Withdrawal for Payment of Qualified Higher Education Expenses of the Beneficiary.**
- Withdrawal Due to Receipt of Scholarship.** Amount of Withdrawal requested cannot exceed the amount of the Scholarship. The Participant must submit the Beneficiary's enrollment verification and a letter from the grantor of the Scholarship or from the Eligible Institution receiving or administering the Scholarship that (1) identifies the Beneficiary by name and Social Security or Taxpayer Identification Number as the recipient; (2) states the amount of the Scholarship; (3) indicates the period of enrollment or number of credits or units to which the Scholarship applies or the date of the Scholarship; and (4) if applicable, identifies the Eligible Institution to which the Scholarship is to be applied.
- Withdrawal Due to Attendance at a U.S. Military Academy.** The Participant must submit written third-party confirmation of the Beneficiary's enrollment in a U.S. Military Academy.
- Withdrawal Due to Death.** The Participant must submit a certified death certificate containing the name and Social Security or Taxpayer Identification Number of the Beneficiary issued by an applicable governmental agency or another satisfactory proof of death.
- Withdrawal Due to Permanent Disability.** The Participant must submit certification, such as a letter, of the Beneficiary's Permanent Disability from a doctor of medicine or osteopathy who is duly authorized to practice in the United States. *Please do not send medical records.*
- Withdrawal for Rollover to Another Qualified Tuition Program.** There is a \$50 transaction charge to roll funds from North Carolina's National College Savings Program into another qualified tuition program. The payment will be withheld from the total amount of the Rollover.

Name of qualified tuition program to which you wish to roll over funds

New account number (if known)

Mailing Address of qualified tuition program

City

State

Zip

- Non-Qualified Withdrawal.** If your Withdrawal is not one of the types listed above, it is considered a Non-Qualified Withdrawal. There is a \$50 transaction charge required to process any Non-Qualified Withdrawals, and payment will be withheld from the total amount of the Withdrawal.

4 Amount of Withdrawal

Amount requested must be at least \$250, unless the Withdrawal is to close your Account. In most cases, a Withdrawal request received in good order will be processed on the date your form is received.

Withdrawals are not allowed from the Protected Stock Fund except in the case of the Beneficiary's death, permanent disability, receipt of Scholarship, or attendance at a U.S. Military Academy. With any of these limited-case early Withdrawals from the Protected Stock Fund, a 5% surrender charge will apply. See Program Description for details.

Check either **Full or Partial Balance Withdrawal** and provide additional direction underneath your choice.

Withdrawals can be made only from available funds. (Unavailable funds could include those in the Protected Stock Fund or Contributions not yet settled in your Account.)

Full Balance Withdrawal (Required in case of death or permanent disability.)

Check one. If no selection is made, your Account will be closed.

Close Account. Withdraw the full amount held in each Investment Option in my Account that allows Withdrawals, discontinue my automatic investment plan (if applicable), and close my Account.

Note: This automatically applies to any full balance Non-Qualified Withdrawal or rollover to another qualified tuition program.

*Due to the restrictions associated with the Protected Stock Fund, an Account with funds invested in this option cannot be closed. All non-Protected Stock Fund monies will be withdrawn according to the instructions on this form.

Leave Account open. Withdraw the entire amount held in each Investment Option in my Account that allows withdrawals, but continue my automatic investment plan (if applicable) and leave my Account open for future Contributions. *(Available only for Qualified Withdrawals.)*

Partial Balance Withdrawal

Withdrawal \$, .

Check one. If no selection is made, the Withdrawal will be taken proportionately from each available Investment Option.

Leave Account open and withdraw proportionately from each of my current Investment Options that currently allows Withdrawals.

Leave Account open and withdraw as specified below.

Note: The amount you may receive may vary from the amount requested due to market fluctuations. If the dollar amount you indicate for a particular Investment Option below exceeds the amount invested in that option due to market fluctuations, the Program will liquidate the option's entire balance.

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="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="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="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="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="checkbox"/>

5 Payee Information

Select one payee and provide any information requested. If no payee is indicated below, funds for a Qualified Withdrawal will be sent to the Participant. Note: All Non-Qualified Withdrawals will be made payable to the Participant.

- Participant** (Withdrawal check will be sent to the address of record.)

- College or University on behalf of the Beneficiary.** (If college requires a Student Identification Number to process check, please provide Student ID Number here _____.)

Name of College or University

College or University Mailing Address (line 1)

(line 2)

City

State

Zip

- Beneficiary**

Beneficiary Mailing Address (line 1)

(line 2)

City

State

Zip

6 Participant Signature – You must sign below

I understand that by signing this Request for Withdrawal form and submitting it to College Foundation, Inc., I hereby certify that all the information contained in this form is true, complete and correct, and I authorize College Foundation, Inc., to make the Withdrawal, less any charge that may apply, based on this completed form.

Signature of Participant

Date (month, day, year)