

Instructions:

- Please complete this form to request a withdrawal from your TD AMERITRADE 529 College Savings Plan account.
- If you have any questions regarding this form, please contact your Financial Advisor.

1 ACCOUNT INFORMATION

Account Number:		
Name (First, Middle Initial, Last):		
Mailing Address:		
City:	State:	ZIP Code:
Account Owner's Social Security Number:	Day Telephone Number:	
Beneficiary's Name (First, Middle Initial, Last):		
Mailing Address:		
City:	State:	ZIP Code:
Beneficiary's Social Security 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



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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** 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

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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.

This form must be signed and properly notarized. Please do not sign this form unless you are in the presence of a Notary.

Signature of Account Owner: _____ Date: _____

Print Name Here: _____

NOTARY REQUIRED

State of _____ Country of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, _____

by _____.

WITNESS my hand and seal the day and year first above written.

Notary Public My Commission Expires _____

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