



## Withdrawal Request Form

You can also request a withdrawal online at [StateFarm529.com](http://StateFarm529.com)

### Return this Form to:

State Farm 529  
P.O. Box 86529  
Lincoln, NE 68501-6529

### Overnight Mail:

State Farm 529  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **800.321.7520**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

### 1. Account Information

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Account Owner Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Beneficiary Name (First, M.I., Last): \_\_\_\_\_

Beneficiary Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

### 2. Type of Withdrawal (Please only check one box A, B, C or D)

**A. Higher Education Expenses.** The withdrawal will be used to pay for Nebraska Qualified Expenses. Generally, these expenses include a Beneficiary's tuition, fees, books, supplies, and room and board (if enrolled at least half-time) at an Eligible Educational Institution. Nebraska Qualified Expenses do not include K-12 Tuition Expenses or Qualified Education Loan Payments. Refer to the Program Disclosure Statement for a complete definition.

**B. K-12 Tuition Expenses / Qualified Education Loan Payments**

**K-12 Tuition Expenses.** A withdrawal may be made for tuition in connection with enrollment or attendance at an elementary or secondary school, whether public, private or religious, up to \$10,000 per year from all 529 qualified tuition programs. (May be payable to the Account Owner.)

**Qualified Education Loan Payments.** A withdrawal may be made to make payments on qualified education loans of the Beneficiary or the Beneficiary's sibling, provided distributions from all 529 qualified tuition programs to any individual do not exceed the federal lifetime limit of \$10,000. (May be payable to the Account Owner.)

**C. Non-Qualified Withdrawal.** My withdrawal will not be used to pay for the Beneficiary's education expenses listed in (A) or (B) above.

**D. Indirect Rollover to a non-Nebraska 529 or ABLÉ account** I will invest my withdrawal in another qualified tuition program or in an ABLÉ program within the next 60 days. You will receive a check at your address of record.

See the Program Disclosure Statement for an explanation of the types of withdrawals and their possible tax consequences. The earnings portion of a Federal Non-Qualified Withdrawal is subject to federal and state income tax, as well as an additional 10% federal penalty tax. Nebraska Non-Qualified Withdrawals may result in the recapture of a previously claimed Nebraska state income tax deduction. You should consult your tax or investment advisor for more information.

### 3. Amount of Withdrawal

- Total balance in Account
- Total balance in Account, discontinue my automatic investment plan, and close Account.
- Partial liquidation (Check box A or B)
  - A. Partial liquidation in the amount of \$\_\_\_\_\_ (This amount will be liquidated pro-rata based on the current balances in my Account.)
  - B. Partial liquidation from specific Investment Options

529 Investment Option	Dollar Amount
	\$
	\$
	\$
	\$
<b>Total Withdrawal Amount:</b>	\$

### 4. Payment Instructions (Check box A or B)

- A. Check payable to: (Check one)
  - Account Owner (check sent to the address on record)
  - Beneficiary A check payable to the Beneficiary listed in Section 1 will be mailed to the following address:  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
  - College/University (may not be payable to an elementary or secondary school)  
Name of Institution: \_\_\_\_\_  
Department or Office: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_
- B. Electronic Funds Transfer: (Check one)
  - To Account Owner's bank account on file  
Bank name: \_\_\_\_\_  
Bank account number: \_\_\_\_\_
  - To Account Owner's bank account not on file with the State Farm 529 College Savings Plan (complete below bank information)
    - Please have your signature Medallion-Guaranteed in Section 6.  
Name(s) on bank account: \_\_\_\_\_  
If the bank account is a joint account, please list the 529 Account Owner.  
Account type:  Checking  Savings
    - This bank account will be linked to your State Farm 529 College Savings Plan Account for telephone and website purchase and redemption/withdrawal transactions.

Your Name	1234
Pay to the order of	
Sample	
Bank Name and Address	
Merch	
:123456789:	34568:

**TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.**

NOTE: Distributions to a Beneficiary or Eligible Educational Institution for the benefit of the Beneficiary will be reported on IRS Form 1099-Q under the Social Security Number or Taxpayer Identification Number of the Beneficiary. All other distributions will be reported under the Social Security Number or Taxpayer Identification Number of the Account Owner.

**5. Signature**

By signing below, I certify that I am the Account Owner of the Account indicated in Section 1 and that the information contained on this Withdrawal Request Form is true, complete, and correct. I authorize the Program Manager to make this distribution from my Account as indicated. I assume sole responsibility for the tax consequences of the above election and understand that the earnings portion of a Federal Non-Qualified Withdrawal is subject to federal and state income tax, as well as an additional 10% federal penalty tax, and the potential recapture of any previous Nebraska tax deductions taken for the contribution portion of the withdrawal.

By selecting the electronic transfer service in Section 4, I acknowledge that the bank account in Section 4 will be linked to my State Farm 529 Savings Plan Account, and I hereby authorize Union Bank & Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my State Farm 529 Savings Plan Account so that I may purchase or sell shares by telephone or online at StateFarm.com. This authority is to remain in full force and effect until Union Bank & Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank & Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service may be cancelled by Union Bank & Trust Company in its sole discretion. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank & Trust Company will not bear any liability. Union Bank & Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my State Farm 529 Savings Plan Account. (Please retain a copy of this authorization for your records.)

For a Uniform Gifts to Minors Act (UGMA) and Uniform Transfers to Minors Act (UTMA) Account I certify that I am the custodian of the Account and that this withdrawal is authorized under the UGMA/UTMA.

For a trust account, I certify that I am the trustee of the Account, have authority to request a withdrawal, and this withdrawal is authorized under the trust instrument.

I understand that the Internal Revenue Service permits only one rollover for the same beneficiary in a 12-month period. I acknowledge an indirect rollover can have adverse tax implications if improperly handled.

**If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your State Farm Registered Representative, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.**

Signature and Date Required	
<b>X</b> _____	_____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date
_____	
Print Name Here	
_____	
Title (if other than an individual)	



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank & Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.

## Medallion Signature Guarantee

### Medallion Signature Guarantee Medallion Signature Guarantee is required if:

- The address of record has changed within 15 days of the withdrawal request.
- The bank account information in Section 4 is not already on file with the State Farm 529 Savings Plan.
- The withdrawal request is greater than \$50,000.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)