

# COLLEGE SAVINGS PLAN PFD REFUND

**✓ USE THIS FORM TO:**

- Request a refund of a PFD contribution within 90 days of the initial contribution made into an ACT portfolio.

**RETURN THIS FORM TO:**

UA College Savings Plan  
P.O. Box 17302  
Baltimore, MD 21297-1302

**EXPRESS MAIL ONLY:**

UA College Savings Plan  
Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

## 1 ACCOUNT INFORMATION

If no prior Account Agreement is on file with the Plan, the Account Holder is allowed up to 90 days from the date of the confirmation of the PFD contribution to request a refund in the amount of the initial contribution. An Account Holder is only eligible for such 90-day refund for the PFD contribution that establishes an Account.

Your entire PFD contribution will be refunded and mailed to the address below.

### 1 A PFD RECIPIENT

Name		Phone
Social Security Number	Date of Birth (mm/dd/yyyy)	
Address		
City	State	ZIP Code

Check here if this is a new address that should be updated on the Account.

### 1 B PFD SPONSOR (IF APPLICABLE)

Name	
Social Security Number	Phone

## 2 SIGNATURE

I, the PFD recipient (PFD sponsor if PFD recipient is a minor), hereby request that this PFD contribution be refunded instead of applied to a UA College Savings Plan Account. If this form is being executed on behalf of an unemancipated minor, I certify that I was the PFD sponsor for that dividend.

### SIGNATURE AND DATE REQUIRED

PFD Recipient (PFD sponsor if Account Holder is a minor)	Date (mm/dd/yyyy)
<b>X</b>	
Print Name	

### SIGNATURE MUST BE NOTARIZED:

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. In witness  
hereof, I hereunto set my hand and official seal.

Notary Public	Notary Stamp
My Commission Expires	

