

DISTRIBUTION

- Most distributions may be requested online or by calling **800-478-0003**.
- A signature guarantee is required when this symbol appears.

✓ USE THIS FORM TO:

- Request a distribution that cannot be completed by phone, including:
- Distributions of \$50,000 or more.
 - Certain ACT Portfolio Accounts. See Section 3B.
 - Checks mailed to an address not on record.

Allow at least 10 business days to meet payment deadlines.

X DO NOT USE THIS FORM TO:

- Request a direct rollover of 529 assets. Use the *Rollover* form.
- Request a refund of an initial Permanent Fund Dividend (PFD) contribution.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

UA College Savings Plan	UA College Savings Plan
P.O. Box 17302	Mail Code 17302
Baltimore, MD 21297-1302	4515 Painters Mill Road
	Owings Mills, MD 21117-4903

1 ACCOUNT INFORMATION

Provide the Account information below. A signature guarantee is required if the amount is over \$50,000.

Account Holder (Trust name, if applicable)		Social Security Number (SSN)	
Beneficiary		SSN	
Custodian/Trustee/Purchaser (if applicable)		SSN	
Day Phone		Evening Phone	
Portfolio Name		Account Number	
<input type="checkbox"/> Full Account*		<input type="checkbox"/> Partial Account: \$	

*If the distribution is for the full Account balance, the Account will close, and any Automatic Monthly Contributions (AMC) will stop unless you check here:

- Continue AMC.
- For more Accounts, check this box and attach a [separate page](#).

2 PAYMENT INSTRUCTIONS

UA students proceed to Section 2C.

2A PAYEE

For checks payable to the Account Holder, the Account Holder's Social Security number will be used for tax reporting. For all other payees, the Beneficiary's Social Security number will be used for tax reporting.

Check only one payee option:

- Account Holder
- Beneficiary
- Eligible Educational Institution for the benefit of (FBO) Beneficiary (Not available for elementary or secondary educational expenses)
- Beneficiary and Eligible Educational Institution jointly (Not available for elementary or secondary educational expenses)
- Estate of Beneficiary. Provide a certified copy of the court-issued document that appoints the executor of the estate.

If payee includes the Eligible Educational Institution, provide the student ID and the institution's name in the next column and the address in Section 2B.

Student ID*
Institution Name

*If the student ID is not provided, the last four digits of the Beneficiary's Social Security number will be included with the distribution to ensure proper crediting.

2B ADDRESS TO MAIL CHECK

Checks will be mailed to the address of record on the Account unless you provide a different address below.

Address—Line 1		
Address—Line 2		
City	State	ZIP Code

- Make this my new address of record.

2C UNIVERSITY OF ALASKA STUDENTS

Important Benefit: Participants listed for the preceding two years on an active Account and attending the University of Alaska may be eligible for tuition at the in-state rate.

Check the box and provide the information below to have your distribution sent via electronic transfer to UA.

- Send my distribution directly to UA on my behalf.

Student ID (required)	Semester/Year	UA Campus
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UA TUITION-VALUE GUARANTEE

The UA Tuition-Value Guarantee (Guarantee) ensures that the earnings on your ACT Portfolio Account keep pace with tuition at UA. We will calculate your Guarantee based on the amount of tuition charged for the semester provided above. Registration verification will occur on the day your distribution request is received in good order. **Review the following guidelines.**

- Distributions that include any Guarantee must be sent either directly to UA via electronic transfer or by check made payable to UA FBO the Beneficiary.
- For current or upcoming semesters, Beneficiaries must be registered at the time of the distribution request. If the Beneficiary is not registered for the indicated semester, the distribution will be processed at market value and will not be eligible for any Guarantee.
- Courses in which a Beneficiary is registered as "waitlisted" will be eligible for the Guarantee.


- Prior-semester requests eligible for any Guarantee are limited to the amount of tuition charged for the semester immediately preceding the semester in which the distribution is requested.
- If you request an amount greater than that which is charged by UA for tuition, the Guarantee will be based on the actual amount of tuition charged and the overage will be paid at market value without any Guarantee.
- Distribution requests that are less than the actual amount of tuition charged by UA will be calculated on the requested amount.
- If the Beneficiary is receiving a scholarship or waiver of tuition at UA, ACT Credits may be redeemed at the UA Tuition Value up to the amount of tuition charged.

2D TRANSFER TO BANK

- Transfer to bank on file.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
 - Transfer to new bank.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
 - Enclose a voided check or letter from the bank on bank letterhead, which provides the name(s) on the account, the routing number and account number. 
 - Checking account or Savings account
- Check one:** Add bank Replace current bank
- Check transfer method (if no selection is made, ACH will be used):**
- Automated Clearing House (ACH).
 - Wire. **NOTE:** Your bank may charge a fee.


3 SIGNATURE(S)

3A ACCOUNT HOLDER, CUSTODIAN, OR TRUSTEE

- By signing this form, I understand and hereby certify that:**
- I authorize the distribution from my Account based on the information on this form and any attachments.
 - The information on this form is accurate, and I agree to indemnify and hold harmless the Trust, T. Rowe Price, and the University of Alaska for any claims arising as a result of misrepresentations made by me.
 - If I am withdrawing my entire Account balance, I understand that my Account will be closed.
 - I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this distribution.
 - All signatures on this form are genuine signatures of the respective individuals or their legal guardians.
 - I understand that if a distribution is nonqualified, the earnings portion of the distribution may be subject to federal and state income taxes, as well as a 10% federal penalty. (The Plan Disclosure Document contains more details on Qualified and Nonqualified Distributions and any associated taxes and penalties.)
 - I understand that if a distribution is for tuition expenses for enrollment or attendance at an elementary or secondary public, private, or religious school, the total amount considered to be a qualified expense is limited to \$10,000 per year per Beneficiary.
 - I understand that state tax treatment may vary even if the distribution is considered qualified by the IRS.
-  **Signature guarantee is required if:**
- The distribution amount is \$50,000 or more or is being transferred to a new bank account.

SIGNATURE AND DATE REQUIRED

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s)	Date (mm/dd/yyyy)
X	

 **Signature guarantee**
 You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

3B ACT PORTFOLIO ACCOUNTS ONLY

If the check is NOT made jointly payable to the Beneficiary and the Eligible Educational Institution, then all parties must consent to the distribution by signing below. This is only applicable to ACT Portfolios with an Account number smaller than 6655 that have an identified Purchaser and/or Alternate Beneficiary(ies).

Purchaser Consent
 By signing below, I hereby consent to and authorize this distribution. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.

SIGNATURE AND DATE REQUIRED

Purchaser	Date (mm/dd/yyyy)
X	
Print Name	

Alternate Beneficiary Consent
 By signing below, I hereby consent to and authorize this distribution. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

SIGNATURE(S) AND DATE(S) REQUIRED

1. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
1. Print Name	
2. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
2. Print Name	
3. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
3. Print Name	