


TD Ameritrade 529 College Savings Plan Withdrawal Request Form


- Use this form to request a full or partial Qualified or Non-Qualified Withdrawal from your TD Ameritrade 529 College Savings Plan Account or an indirect rollover out. You must submit a separate form for each type of withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal tax and may be subject to state and local income taxes. See The TD Ameritrade 529 College Savings Plan Program Disclosure Statement and Participation Agreement (Program Disclosure Statement) for more information.


Note: You can also request a Qualified Withdrawal by telephone or online at www.tdameritrade.com/collegesavings.

- We are required to file IRS Form 1099-Q if you take a withdrawal from your TD Ameritrade 529 College Savings Plan Account.
- A contribution must be invested with the TD Ameritrade 529 College Savings Plan for a period of five (5) business days prior to withdrawal.
- If the account owner or address on your Account has changed within the last ten (10) business days, this **Withdrawal Request Form** must be Medallion Signature Guaranteed in **Section 5**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at www.tdameritrade.com/collegesavings, or you can call us to order any form—or request assistance in completing this form—at **1.877.408.4644** any business day from 8 a.m. to 8 p.m. Central time.

 **1.877.408.4644**
8 a.m. to 8 p.m. Central time M-F

 www.tdameritrade.com/collegesavings

 tdameritrade@NEST529.com

Regular mailing address:
TD Ameritrade 529 College Savings Plan
P.O. Box 30278
Omaha, NE 68103-1378

Overnight mailing address:
TD Ameritrade 529 College Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account information

Account Number

Account Owner Social Security Number or Taxpayer Identification Number **(Required)**

Name of Account Owner *(first, middle initial, last)*

Telephone Number *(In case we have a question about your Account.)*

Name of Beneficiary *(first, middle initial, last)*

Beneficiary Social Security Number or Taxpayer Identification Number **(Required)**

Mailing Address

City

State

Zip Code



* T D A 5 2 9 W I T H D R A W *

5. Medallion Signature Guarantee — REQUIRED IF ACCOUNT OWNER OR ADDRESS HAS CHANGED WITHIN THE LAST (TEN) 10 BUSINESS DAYS AND YOU WOULD LIKE TO WAIVE THE 10 BUSINESS DAY HOLD PERIOD FOR THIS WITHDRAWAL REQUEST.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Signature Guarantor

Title

Title

Name of Institution

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

Securities Products: Not FDIC Insured - No Bank Guarantee - May Lose Value

TD Ameritrade does not provide tax advice. It is suggested that investors seek the advice of your tax-planning professional with regard to your personal circumstances.

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Nebraska State Treasurer, Trustee

1 First National Bank Omaha

Program Manager