





3. Amount of withdrawal (Choose one.)

A.  Full balance. Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Plan (AIP) (if applicable), and close this Account.

Important: If you contribute to your Account through payroll direct deposit, you must notify your employer to cancel these contributions.

B.  Partial amount of \$    ,    .   .

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, TD Ameritrade 529 College Savings Plan will liquidate the entire balance, discontinue your AIP, and close your Account.

C.  Partial amount as follows.

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing withdrawals from my TD Ameritrade 529 College Savings Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the TD Ameritrade 529 College Savings Plan to distribute my Account as I have indicated.
- By signing below, I authorize the Program Manager or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds within ten (10) business days of the change without the Medallion Signature Guarantee.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal income tax and an additional 10% federal tax, and may be subject to state income tax. I understand that Non-Qualified Withdrawals due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may not be subject to the additional 10% federal tax. Further, I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is minor-owned or is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account in question, and that this request is in the best interest of the Beneficiary.

SIGNATURE

Signature of Account Owner

-   -

Date (mm/dd/yyyy)

**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