Schwab 529 Education Savings Plan

Withdrawal Request Form

charles SCHWAB

- Complete this form to request a full or partial withdrawal from your Schwab 529 Plan Account. The earnings portion of non-qualified withdrawals from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. See the Schwab 529 Plan Guide and Participation Agreement (Plan Guide) for more information.

  Note: You can also request a withdrawal by telephone or online at **www.schwab.com**.
- The Schwab 529 Plan is required to file IRS Form 1099-Q when you take a withdrawal from your Schwab 529 Plan Account.
- Kansas taxpayers: If you take a non-qualified withdrawal at any time, the earnings portion of the withdrawal as well as the contribution portion that you previously deducted on your Kansas tax return will be subject to Kansas state taxes. The IRS and the Kansas Department of Revenue may require you to prove that your withdrawal is for Qualified Education Expenses. Check with your tax advisor, or review the instructions for filing your Kansas income tax return, for more information.
- Qualified education expenses may vary by state. Please consult with a qualified tax advisor to discuss your individual situation.
- If you are requesting a withdrawal by check and your address has changed within the last seven days, the check will be held until the seven days have passed unless you obtain a signature guarantee in **Section 5.**
- If the amount of the withdrawal is more than $100,000, a signature guarantee of both account owners, if applicable, is required in **Section 5.**
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Return the form to the address oe fax number below. Do not staple.
- Forms can be downloaded from our website at **schwab.com/forms**, or you can call us to order any form—or request assistance in completing this form—at **1-888-903-3863**.

Return the completed form and any other required documents to:

Schwab 529 Plan
P.O. Box 2906
Shawnee Mission, KS 66201-2906

Or, fax to: **1-617-559-8913**

1. Account Owner information

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Account Number

☐☐☐ – ☐☐ – ☐☐☐☐
Social Security Number

Name of Account Owner/Responsible Individual/Custodian *(first, middle initial, last)* or Trust

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

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

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SCHWAB 529 WITHDRAWAL

2. Designated Beneficiary information

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

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Social Security Number

3. Payee and Payment Method *(Choose One.)*

Important: Electronic payment by Automated Clearing House (ACH) is only available if you have already established this service for your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. If the service has not been established for at least seven calendar days, withdrawal proceeds will be sent by check. To establish bank services, log in to your account online or download the **Account Features Form** at **schwab.com/forms**. Payment by ACH to an eligible educational institution is not available.

If you would like a check sent via expedited delivery **(no P.O. mailboxes permitted)**, a $10 fee will be applied to your account. With expedited delivery, the withdrawal check should be received within three business days once your request is received in good order and processed.

A. **Payable to the Account Owner.**

By Check to the address of record.

Check here if you would like the expedited service. ($10 fee)

By Automated Clearing House (ACH) to Bank Account of Account Owner (already on file).

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

B. **Payable to the Designated Beneficiary.**

By Check to the Beneficiary's address of record.

Check here if you would like the expedited service. ($10 fee)

By Automated Clearing House (ACH) to Bank Account of Beneficiary (already on file).

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

C. ☐ **Payable to an eligible educational institution.** *(Checks made payable to the eligible educational institution are reported under the Designated Beneficiary's Social Security Number.)*

☐ *Check here if you would like the expedited service. ($10 fee)*

Name of School

Provide the exact school address below to send the check directly to the school. If the student ID is not included or no address is provided, the check will be sent to the Account Owner's address on record, payable to the educational institution.

Department / Office / Contact Name

Student ID (***Required.*** *For security reasons, a Social Security Number will not be accepted.)*

Mailing Address

City | State | ZIP Code —

4. Amount of withdrawal *(Choose one.)*

A. **Full balance.**

☐ Withdraw the entire amount, keep this Account open and continue my Recurring Contributions.

☐ Withdraw the entire amount, close this Account and discontinue my Recurring Contributions (if applicable).

Important: If you contribute to your Account through Payroll Deduction, you must notify your employer to cancel these contributions.

B. **Partial withdrawal.**

☐ Pro-rated partial withdrawal. Withdraw this amount proportionately from among all my current Investment Options.

$ ___,___.__

Dollar Amount

☐ Partial amount as follows:

Important: If the dollar amount you indicate exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option. Additionally, if no Investment Option is provided below, we will withdraw the requested amount proportionately from all Investment Options.

Name of Investment Option	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐

5. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the Plan Guide and understand the rules and regulations governing withdrawals from my Schwab 529 Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the Schwab 529 Plan to distribute my Account as I have indicated.

Only one signature is required unless you've elected to do business in writing only, then all individuals on the account must sign below. A signature guarantee may be required.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian/Trustee(s)

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Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Joint Account Owner

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Date *(mm/dd/yyyy)*

Signature Guarantee — IF APPLICABLE

A signature guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Your signature(s) must correspond in every particular, without alteration, with your name(s) as printed on the current account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. You may obtain a signature guarantee through certain domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies, or savings associations. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable.

Please affix signature guarantee ink stamp with appropriate signature, title of officer, and date.

SIGNATURE

Signature Guarantor

Title

Name of Institution

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Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

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