COLLEGE SAVINGS PLAN of Nebraska

Withdrawal Request Form

1-888-993-3746
www.PlanForCollegeNow.com
PO Box 82644
Lincoln, NE 68501

Instructions.

- Please complete all sections and return this form to request a withdrawal. Please type or print clearly.
- Only the Account Owner may make withdrawals on the account. You will need a separate form if you wish to make more than one type of withdrawal or from more than one account.
- If you have questions regarding this form, please call 1-888-993-3746.

Section 1. Account Information.

Account Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Owner/Custodian	Beneficiary
______________________ Name	______________________ Name
______________________ Address	______________________ Address
______________________ City, State, Zip	______________________ City, State, Zip
________-_______-__________ Social Security Number	________-_______-__________ Social Security Number
(________)________________ Phone Number	(________)________________ Phone Number

Section 2. Type of Withdrawal.

Please identify if the withdrawal is Qualified or Non-Qualified. The Account Owner is required to retain records and receipts. The College Savings Plan of Nebraska strongly recommends that Account Owners keep records and receipts of all Higher Education Expenses for IRS purposes.

☐ **Qualified Withdrawal.** Qualified Withdrawals are Qualified Higher Education Costs of the Beneficiary. Higher Education Costs may include: **Tuition, Fees, Reasonable Room and Board, Books, and Equipment/Supplies required for enrollment**. A withdrawal to pay for any other expenses will be considered Non-Qualified Withdrawals. See Enrollment Handbook.

☐ **Non-Qualified Withdrawal.** A Non-Qualified withdrawal is any withdrawal that is not a Qualified Withdrawal under the Internal Revenue Code and the rules and regulations there under applicable to 529 college savings plans. Note: Non-qualified withdrawals are subject to income tax and a 10% federal penalty on earnings. The 10% penalty is waived in the following instances. Please indicate if any of the following apply:

- ☐ Scholarship awarded to the beneficiary. You may withdraw up to the amount of the awarded scholarship without penalty. Non-qualified withdrawals over the scholarship amount are subject to the 10% penalty.
- ☐ Death of the Beneficiary (attach a certified copy of the Beneficiary's death certificate)
- ☐ Permanent disability of the Beneficiary. Provide documentation of an award of Social Security Disability Insurance or a letter from a physician certifying the Beneficiary is disabled under the Social Security Administration's disability definition.

Section 3. Withdrawal Amount.

Enter the amount of the withdrawal. (You may divide this amount, Please indicate the amount to be sent to each party in Section 4.)

Total Amount $_______________.______ Or ☐ Entire Account Balance Or ☐ Close Account

Section 4. Payment Instructions. Please select where you would like the payment sent.

☐ Send the payment to the **Institution of Higher Education** listed below. **You must include a copy of the invoice from the institution.** Please keep a copy for your records:

____
Name of Qualified Higher Education Institution

____
Mailing Address and Department

______________________________ ______________________________
City, State, Zip Student ID

$________________.________ ☐ Full Amount in Section 3
Amount

☐ Send the payment to the **Account Owner/Custodian** at the address listed in Section 1 on the front of this form.

$________________.________ ☐ Full Amount in Section 3
Amount

☐ Send the payment to the **Beneficiary** at the address listed in Section 1 on the front of this form.

$________________.________ ☐ Full Amount in Section 3
Amount

Section 5. Authorization.

I hereby request the withdrawal as indicated. The College Savings Plan of Nebraska is entitled to rely on this request and is released from any and all claims I may have or hereafter claims with respect to the withdrawal. I certify the Social Security numbers given in Section 1 are correct and that all information contained herein is true and correct. I certify that no other request has been previously submitted for this reimbursement or payment for these expenses from this Plan or any other qualified tuition program. I am also aware that I am responsible for providing the necessary substantiation as may be required by the IRS for verification of qualified withdrawals.

If the Account is a UGMA/UTMA account, I further certify that I am the Custodian of the Account and that the Withdrawal request is necessary for the welfare of the Beneficiary. If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this Withdrawal.

X____ ____________________
Signature of Account Owner or Custodian Date

(Print Name Here)____

Please allow approximately 7-10 business days to process this request.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

A Medallion Signature Guarantee is required for withdrawals over $25,000. If you have changed the address on this Account and this withdrawal is within 30 days of the change, a Medallion Signature Guarantee is required. Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Program. (A NOTARY SEAL IS NOT ACCEPTABLE.)