

Use this form to request redemptions, transfers or rollovers. If you have questions completing this form, please call us toll free at **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

You can also request certain withdrawals online at www.futurescholar.com.

Regular Mail:

Future Scholar 529 Plan
P.O. Box 219812
Kansas City, MO 64121-9812

Overnight Mail:

Future Scholar 529 College Savings Plan
801 Pennsylvania Ave STE 219812
Kansas City, MO 64105-1307

I. Current Account Information

A. Designated Beneficiary's Account Information

Current Account Number

Designated Beneficiary's First name

Middle initial

Last name

Designated Beneficiary's Social Security number

Date of Birth (MM/DD/YY)

B. Account Owner Information

First Name
Account Owner or UGMA/UTMA Minor

MI

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

First Name
Co-Account Owner or UGMA/UTMA Custodian

MI

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

Name of Trust or Entity

Trust date (MM/DD/YY) if applicable

Taxpayer Identification Number

Please check if you are changing your address of record. A Medallion Signature Guarantee is required.

Street address or APO/FPO

City

State

ZIP Code

Mobile Phone Number

Home Phone Number

II. Type of Withdrawal Details. Please check only one:

<input type="checkbox"/> Qualified withdrawal The withdrawal is being used for qualified education expenses of the Designated Beneficiary at an eligible educational institution, in the same taxable year as the withdrawal is paid.	<input type="checkbox"/> Non-Qualified withdrawal The withdrawal will not be used for the qualified education expenses of the Designated Beneficiary. See section VIII, "Required additional documentation," for more information.
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Because it is the Account Owner's and Designated Beneficiary's responsibility to provide proof of educational expenses and withdrawals to the IRS if requested, we encourage you to maintain thorough records.

III. Amount of Withdrawal¹

- Withdraw entire Account balance and keep open.** Any ongoing Automatic Contribution Plans will continue.
- Withdraw entire Account balance and close².** Account will be closed and Automatic Contribution Plans will be discontinued.
- Partial withdrawal as detailed below.**

Portfolio name	Portfolio number	Amount	Percentage
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
Total		\$ _____	OR _____ %

¹ **Important:** The annual withdrawal limit for eligible K-12 tuition expenses is \$10,000 per beneficiary.

² **Important:** If you contribute to your Account through payroll deduction, you must notify your employer to cancel further contributions.

IV. Payee Information

Choose to whom the withdrawal will be payable (payee) and how the withdrawal should be sent out.

Step 1 The withdrawal should be payable to: <ul style="list-style-type: none"> <input type="checkbox"/> The Account Owner (go to step 2) <input type="checkbox"/> The Designated Beneficiary (go to step 2) <input type="checkbox"/> Directly to the eligible higher education institution (go directly to and complete section V) <input type="checkbox"/> Directly to the K-12 education institution (go directly to and complete section V) 	Step 2 Please send the proceeds as a: <ul style="list-style-type: none"> <input type="checkbox"/> Check to address of record of payee <input type="checkbox"/> Wire transfer (complete section VII)* <input type="checkbox"/> ACH direct deposit (complete section VII) <input type="checkbox"/> Check to other address (complete step V) <p style="font-size: small;">*A one-time service charge may be deducted from your account for each wire transfer.</p>
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V. School Information/Payee information (if applicable)

A Medallion Signature Guarantee is required if you are requesting that the check be mailed to an address other than the address of record or an eligible educational institution.

Name of Payee or Eligible Education Institution

Street Address

City

State

Zip Code

Attention (not required)

Student ID

Contact telephone number (not required)

VI. Delivery Method for Checks

Please select a delivery method for checks. If no method is indicated, checks will be sent First Class mail via USPS.

- First-class mail via USPS. (At least 10-14 business days. Subject to US Postal Service Delivery times.)
- Expedited Delivery (\$15 fee applies). The expedited payment fee will be applied to the portfolio the distribution is being taken from. If distributions from multiple portfolio's are requested, the fee will be applied to the lowest portfolio. (For physical address, expedited checks are sent via UPS and are delivered within 2-3 business days. For PO BOX addresses, checks are sent via US Postal Express and are delivered within 4-5 business days.)

VII. Bank Information:

Please provide bank information if the withdrawal is being sent via wire transfer or ACH direct deposit.

A Medallion signature guarantee is required in section IX if the bank account is not already established for redemption privileges.

- Check here if the bank account is already on file. A Medallion signature guarantee is required in section IX if the bank account is not already established for redemption privileges.
- Or, complete the bank information below. A Medallion signature guarantee is required in section IX to establish redemption privileges for this bank account.

Account type: Checking Savings

Bank Name

Bank account number (Do not use spaces or dashes)

Bank routing number (your bank can provide this)

Name of bank account owner

Name of joint owner, if applicable

Bank account owner(s) authorization

Signature of bank account owner

Signature of bank account co-owner

VIII. Required Additional Documentation

If the non-qualified withdrawal is due to:	Required documentation
The death of the Designated Beneficiary	Certified copy of the Designated Beneficiary's death certificate
The disability (as described in the Program Description) of the Designated Beneficiary	If there are class B or C units still subject to a CDSC in the account, valid proof of disability must be attached to this withdrawal request.

For more information on non-qualified withdrawals due to the receipt of a qualified scholarship by, or disability of or death of the Designated Beneficiary, or attendance at a Military Academy by the Designated Beneficiary, please see the Program Description. Because it is the responsibility of the Account Owner and the Designated Beneficiary to provide proof of educational expenses and other withdrawal reasons to the IRS if requested, we encourage you to maintain thorough records.

IX. Signature

By signing below, I certify that I am the Account Owner of the Account indicated in Section I of this form, that the information provided on this form is in all respects true, complete and correct, and that I fully understand and assume sole responsibility for the tax consequences of the action authorized on this form.

All Account Owners must sign below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name Account Owner or UGMA/UTMA Minor	MI	Last Name	Date of Birth (MM/DD/YY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name Co-Account Owner or UGMA/UTMA Custodian	MI	Last Name	Date of Birth (MM/DD/YY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trust or Entity	Trust date (MM/DD/YY) if applicable		Taxpayer Identification Number	
<input type="text"/>				
Street address or APO/FPO				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State		ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Account Owner	Capacity (if applicable)		Date (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Co-Account Owner	Capacity (if applicable)		Date (MM/DD/YYYY)	

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee Stamp

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction.

