

529 College Savings Plan Distribution Form

Use this form to request distributions or to make a rollover distribution to another 529 Plan by selling units in your 529 College Savings Plan. If you want to transfer a balance to another beneficiary, please complete a **Beneficiary Change Request Form**. If this 529 Plan account was established under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act (UGMA/UTMA), the account assets belong to the Minor/Beneficiary and may only be used for the benefit of the Minor/Beneficiary.

Return the completed form to Fidelity Investments, College Plan Service Center, PO Box 770001, Cincinnati, OH 45277-0015. If you have any questions, call us anytime at **800-544-1914** or visit us at **Fidelity.com**.

1 CUSTOMER INFORMATION

Participant's Name	Account Number	
Participant's Social Security Number or Tax ID Number	Daytime Phone Number	
Beneficiary's Name	Beneficiary's Social Security Number or Tax ID Number	
Beneficiary's Address		
City	State	ZIP

2 DISTRIBUTION SELECTION

Choose to either distribute part or all of an account.

Partial Distribution: Distribute the dollar amount indicated. I understand that if there are any fees they will be deducted from the remaining account balance of the Portfolio first listed in Section 3. Therefore, the amount debited from my account, including fees, may be more than the amount indicated below. (Your entire account will be redeemed and account closed if the amount requested, including any fees, equals or exceeds your account balance.)

\$ _____

Full Distribution: Liquidate my entire account balance and close my account. If I have Fidelity Automatic Account Builder or Money Line, please cancel that service. I understand that if there are any fees, they will be deducted from this distribution.

3 DISTRIBUTION ALLOCATION

You must write in the name of the Portfolio(s) from which the distribution will be taken, and the dollar amount from each Portfolio. If you wish to withdraw all of the assets from a Portfolio(s), write in the Portfolio name(s) and check the box to indicate a full Portfolio distribution. If you do not specify any Portfolios or the dollar amount(s), you will need to resubmit your request before any distribution is made.

If you request a distribution from one or more Portfolios in which you do not have sufficient value to make the distribution, we will send you the entire value from the Portfolio(s) requested; however, we will not automatically withdraw the remaining amount from any other Portfolio. You must make a separate distribution request for the difference.

Portfolio Name (required) (Fees will be deducted from the first Portfolio listed)	Dollar Amount	<u>OR</u>	Full Portfolio Distribution (Check all that apply)
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
	\$ _____		<input type="checkbox"/>
Total	\$ _____		

4 PAYMENT INSTRUCTIONS

Please provide us with the payment information requested below. In order to apply payment appropriately such that the Beneficiary receives proper credit, complete all fields below.

- By check payable to the participant at the current address of record.
- By check payable to the following payee at the following address:

Name of Payee on Check

Beneficiary School ID/Account Number

Street Address

City, State, Zip

- Transfer the distribution to my **Fidelity non-retirement account**: _____

Deposits to your brokerage account can only be made to the core position; only provide a Fidelity Fund Symbol if directing funds to your Fidelity Funds account.

Fidelity Fund/Symbol Name: _____

- A **Rollover** check **payable** to the following company/plan and mailed to the following address:

Company/Plan Name

Account Number

Street Address

City, State, Zip

- Wire to the following bank or credit union. Please complete the bank information fields below. **Note:** this is for a **one-time wire** and standing wire instructions will not be added to your account.

Bank Name

□□□□□□□□□□
Bank Routing Number

Name on Bank Account

Bank Account Number

For Further Credit/Additional Instructions (if applicable)

Recipient Account Number

5 REASON FOR DISTRIBUTION

Please check only one of the following choices.

- My distribution will be used to pay for the beneficiary's qualified higher education expenses.
- My distribution will not be used to pay for the beneficiary's qualified higher education expenses.

6 SIGNATURES

I authorize Fidelity to make the distribution in this instruction. I understand that if this 529 Plan account was established under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act (UGMA/UTMA), the account assets belong to the Minor/Beneficiary and may only be used for the benefit of the Minor/Beneficiary. I, the undersigned, agree that the statements made herein are true and correct. I hereby ratify these written instructions and any telephone instruction given pursuant to this authorization and agree that neither the Plan nor Fidelity will be liable for any loss, liability, cost, or expense for acting upon such instruction. I understand that telephone calls to Fidelity may be recorded, and I consent to such tape recordings.

I also agree to immediately notify Fidelity in writing if in the future I receive a refund related to any prior qualified disbursement.

A signature guarantee is required if:

- You are requesting your distribution to be electronically transferred to your bank in Section 4 and are utilizing banking instructions that were not previously established on your account
- For a distribution amount of more than \$100,000
- For a distribution amount more than \$10,000 if the check is made payable to a third-party payee and/or address, unless the payee is a college or university. No signature guarantee for amounts <\$100K needed if funds are being sent directly to the school.

A signature guarantee is designed to protect you and Fidelity from fraud. You should be able to obtain a signature guarantee from a bank, broker/dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a signature guarantee.

SIGNATURE OF PARTICIPANT/
AUTHORIZED INDIVIDUAL

Date

X

SIGNATURE GUARANTEE STAMP

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Smart move.®