

Important information about this form:

- Fill out this form to make a full or partial withdrawal from your DreamAhead College Investment Plan (“the Plan”) account.
- We are required to file an IRS Form 1099-Q when you make a withdrawal from your account.
- There’s a \$5 minimum withdrawal for each portfolio.
- You can withdraw up to 95% of the total amount in a portfolio or the full amount. The minimum balance for each portfolio is \$5 unless you decide to withdraw the full amount.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep all of your receipts for qualified education expenses for tax purposes.
- If you recently changed your bank account information you must wait 10 days before you can make a withdrawal, unless you provide a notarization acknowledgement. If you recently changed your address on file, you must wait 15 days before you can make a withdrawal, unless you provide a notarization acknowledgement. **(Step 8)**.
- A notarization acknowledgement is required: (i) for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner or (ii) if you recently changed your banking information, and wish to bypass a 10-day hold period for withdrawals or (iii) if you recently updated your address, and wish to bypass a 15-day hold period for withdrawals or (iiii) for withdrawal requests of \$100,000 or more.**(Step 8)**.
- Use black ink to type or print clearly, and do not staple the sheets together.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at

1-844-529-5845

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

DreamAhead College
Investment Plan
PO Box 534421
Pittsburgh, PA 15253- 4421

Overnight Mail:

DreamAhead College
Investment Plan
Attention: 534421
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8313

Have more portfolios you want to withdraw from?

Sign in online to make additional withdrawals at wastate529.wa.gov

1 Account information

 Name of Account Owner (First and last)

 Account Owner's Social Security or
 Taxpayer Identification Number

 Account number (May be 12 or 13 digits)

2 Withdrawal amount

Choose the portfolio(s) you want to withdraw money from. There's a \$5 minimum withdrawal and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount. For a full list of all the portfolio options and for important information about the investment options please see the **Program Details Booklet** before making a decision.

You must wait 5 days before you can withdraw a contribution made by bank ACH or check contribution.

Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
	<input type="radio"/> Full balance <input type="radio"/> Partial amount	
_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
	<input type="radio"/> Full balance <input type="radio"/> Partial amount	
_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
	<input type="radio"/> Full balance <input type="radio"/> Partial amount	
_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
	<input type="radio"/> Full balance <input type="radio"/> Partial amount	

Want to withdraw all funds?

- Yes, withdraw the full balance of all portfolios I'm invested in.
- Close this account

Only check this if you want to close your account once all funds are withdrawn.

\$ _____ , _____ . _____
 Total withdrawal amount

3 Payee information

- Account Owner/Custodian
This will be the tax responsible party who will receive the 1099-Q form.
- Beneficiary
This will be the tax responsible party who will receive the 1099-Q form.
- Check to eligible Educational Institution or School (Skip to **Step 6**)
The Beneficiary will be the tax responsible party who will receive the 1099-Q form.

4 Delivery information

- Deposit into bank account (Continue to **Step 5**)
- Check sent to mailing address listed on the account (Skip to **Step 7**, \$2.50 fee)

5 Bank account information

Only fill out this information if you are making a withdrawal to a bank account connected to your DreamAhead account.

Name on bank account

The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

Bank Account Holder Signature

(If different from DreamAhead Account Owner/Custodian)

Bank account type Checking Savings

Bank name

Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

⌚ 000000000	⌚ 00000000000	⌚ 1000
Routing Number	Account Number	

* If the address for this individual (where the check will be mailed) has changed in the last 15 days you'll need to get a notarization in **Step 8**.

6 Eligible Educational Institution or School information

Only fill this information out if you are making a withdrawal to an eligible educational institution.

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school.

Eligible Educational Institution or School name

Student name, ID or other identifying information (Will only appear on the check)

Institution or School mailing address 1

Institution or School mailing address 2

City

State

ZIP Code

7 Sign the form

By signing below, I certify that the information contained in this form is true, complete and correct. I authorize a withdrawal from my account based on this information. I have received the **Program Details Booklet** with respect to tax consequences of such a withdrawal and my record keeping obligations, and understand and agree to all terms as presented here and in the **Program Details Booklet**.

If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer to stop my payroll deduction, or I submit an updated **Payroll Direct Deposit Form** to reallocate payroll contributions among my other Account(s), if any.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am an individual acting in a legal capacity as a representative of the Account Owner, or an Entity Account Owner, a notarization acknowledgement appears below.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

8 Notarization acknowledgement

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20_____.
Day (#) Month Year

Signature of Account Owner/Custodian/Authorized Representative of Entity

State of _____, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public

Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to wastate529.wa.gov or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio
WACEC	College Enrolled Conservative
WACEM	College Enrolled Moderate
WACEA	College Enrolled Growth

Year of Enrollment Portfolios

Conservative		Moderate		Growth	
Code	Year of Enrollment	Code	Year of Enrollment	Code	Year of Enrollment
WAC40	2040	WAM40	2040	WAA40	2040
WAC38	2038	WAM38	2038	WAA38	2038
WAC36	2036	WAM36	2036	WAA36	2036
WAC34	2034	WAM34	2034	WAA34	2034
WAC32	2032	WAM32	2032	WAA32	2032
WAC30	2030	WAM30	2030	WAA30	2030
WAC28	2028	WAM28	2028	WAA28	2028
WAC26	2026	WAM26	2026	WAA26	2026
WAC24	2024	WAM24	2024	WAA24	2024