

# DISTRIBUTION

**✓ USE THIS FORM TO:**

- Request a distribution that cannot be completed by phone, including:
- Distributions of \$50,000 or more.
  - Checks mailed to an address not on record.

**✗ DO NOT USE THIS FORM TO:**

- Request a direct rollover of 529 assets. Use the *Rollover* form.
- Most distributions may be requested online or by calling **866-521-1894**.

This paper clip indicates you may need to attach documentation.

**RETURN THIS FORM TO: EXPRESS MAIL ONLY:**

T. Rowe Price  
P.O. Box 17302  
Baltimore, MD 21297-1302

T. Rowe Price  
Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

*Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.*

## 1 ACCOUNT INFORMATION

Provide the Account information below. A Medallion signature guarantee is required if the amount is over \$50,000.

Account Holder (Trust name, if applicable)		Social Security Number (SSN)
Beneficiary		SSN
Custodian/Trustee/Purchaser (if applicable)		SSN
Day Phone	Evening Phone	
Portfolio Name		Account Number
<input type="checkbox"/> Full Account*	<input type="checkbox"/> Partial Account: \$	

- \*If the distribution is for the full Account balance, the Account will close, and any Automatic Monthly Contributions (AMC) will stop unless you check here:
- Continue AMC.
  - For more Accounts, check this box and attach a [separate page](#).

## 2 PAYMENT INSTRUCTIONS

### 2A PAYEE

**Allow at least 10 business days to meet payment deadlines.**

For checks payable to the Account Holder, the Account Holder's Social Security number will be used for tax reporting. For all other payees, the Beneficiary's Social Security number will be used for tax reporting.

**Check only one payee option:**

- Account Holder
- Beneficiary
- Eligible Educational Institution for the benefit of (FBO) Beneficiary (Not available for elementary or secondary educational expenses)
- Beneficiary and Eligible Educational Institution jointly (Not available for elementary or secondary educational expenses)
- Estate of Beneficiary. Provide a certified copy of the court-issued document that appoints the executor of the estate.

If payee includes the Eligible Educational Institution, provide the student ID and the institution's name in the next column and the address in Section 2B.

Student ID*
Institution Name

\*If the student ID is not provided, the last four digits of the Beneficiary's Social Security number will be included with the distribution to ensure proper crediting.

### 2B ADDRESS TO MAIL CHECK

**Checks will be mailed to the address of record on the Account unless you provide a different address below.**

Address — Line 1		
Address — Line 2		
City	State	ZIP Code

- Make this my new address of record.

### 2C TRANSFER TO BANK

- Transfer to bank on file.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
- Transfer to new bank.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
- Enclose a voided check or letter from the bank on bank letterhead, which provides the name(s) on the account, the routing number and account number.
- Checking account **or**  Savings account

**Check one:**  Add bank  Replace current bank

**Check transfer method (if no selection is made, ACH will be used):**

- Automated Clearing House (ACH).
- Wire. **NOTE:** Your bank may charge a fee.

## 3 SIGNATURE

**By signing this form, I understand and hereby certify that:**

- I authorize the distribution from my Account based on the information on this form and any attachments.
- The information on this form is accurate, and I agree to indemnify and hold harmless the Trust, T. Rowe Price, and the University for any claims arising as a result of misrepresentations made by me.
- If I am withdrawing my entire Account balance, I understand that my Account will be closed.



- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this distribution.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.
- I understand that if a distribution is nonqualified, the earnings portion of the distribution may be subject to federal and state income taxes, as well as a 10% federal penalty. (The Plan Disclosure Document contains more details on Qualified and Nonqualified Distributions and any associated taxes and penalties.)
- I understand that if a distribution is for tuition expenses for enrollment or attendance at an elementary or secondary public, private, or religious school, the total amount considered to be a qualified expense is limited to \$10,000 per year per Beneficiary.
- I understand that state tax treatment may vary even if the distribution is considered qualified by the IRS.

**Signature guarantee is required if the distribution amount is \$50,000 or more or is being transferred to a new bank account.**

**SIGNATURE AND DATE REQUIRED**

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s)	Date (mm/dd/yyyy)
X	
Print Name	

**Signature guarantee**

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

**MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW**

