

# Withdrawal Request Form

For Investors Utilizing  
A Financial Advisor  
(For Classes A and C)

(Intended for Oklahoma Residents)

# OklahomaDream529<sup>sm</sup>

This form is for existing Account Owners, and may be used to request a full or partial withdrawal (Classes A or C) from the **OklahomaDream 529 Plan**.

Please carefully review the current Plan Disclosure Statement and Participation Agreement before completing this form. The Plan Disclosure Statement contains information pertaining to the possible tax implications, if any, of taking a withdrawal from the Plan.

### Please Note:

- You can also request a distribution by telephone at **1-877-529-9299**.
- You must submit a separate withdrawal request form for each beneficiary.
- The earnings portion of a nonqualified withdrawal from your account may be subject to federal income tax, state income tax, and an additional 10% federal tax. Please see the Plan Disclosure Statement for additional details.
- We are required to file IRS Form 1099-Q annually if you take a distribution from your OklahomaDream 529 Account.

If you have questions, please visit our website at **www.okdream529.com**, or you can call an OklahomaDream 529 Plan Investor Services Representative toll-free, Monday–Friday, 7:00am–7:00pm Central Time, at **1-877-529-9299**.

Send completed form(s) to:

*via regular mail:*

OklahomaDream 529 Plan  
P.O. Box 55173  
Boston, MA 02205-5173

*via overnight courier:*

OklahomaDream 529 Plan  
c/o Boston Financial Data Services, Inc.  
30 Dan Road  
Canton, MA 02021-2809

Terms used in this withdrawal request form, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

## 1. Account Owner Information

### Account Owner/Custodian/Entity

First Name (or Trustee)	Middle Initial	Last Name	Social Security Number
Account Number	Exact Name of Trust or Corporation, if applicable	Tax ID Number (of Trust or Corp., if applicable)	

## 2. Beneficiary Information

First Name	Middle Initial	Last Name	Social Security Number
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## 3. Amount of Withdrawal (required) (choose only one of the following)

**Please note:** Contributions and rollovers by check, Fundlink or Auto-Invest will not be available for withdrawal for ten (10) business days.

- Full balance**—Withdraw the entire amount held in all of the Investment Portfolios in my account, discontinue my Auto-invest (if applicable) and close this account.
- Partial Amount (as indicated below)**—Please note, if the dollar amount you indicate for a particular Portfolio exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Portfolio.

Portfolio Name	Amount to be Withdrawn (for partial amounts)	<input type="checkbox"/> Check box above to withdraw the full balance from a specific portfolio
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Withdrawals may be subject to the imposition of federal and state income taxes and a federal 10% additional tax penalty on any earnings if not used to pay for Qualified Higher Education Expenses.

**NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.**

**4. Payment Information** (required) (choose only one of the following)

- Pay to Account Owner(s) by Check (The check will be mailed to the Account Owner’s address of record).
- Pay to Account Owner’s bank. (Your bank information must be on file with us. If your bank’s information is not in our records you must complete section 4b below and obtain a Medallion Signature Guarantee).
- Pay to Beneficiary by Check (The check will be mailed to the Beneficiary’s address of record).
- Pay to Eligible Educational Institution (**Complete Section 4a (Special Payee information) below**). **For payment requests to the Eligible Institution’s Address, please include a copy of the schools invoice with your withdrawal form. If you are unable to obtain an invoice, for security reasons you must obtain a Medallion Signature Guarantee below.**
- Pay to Account Owner(s) by check to an address that is not on file. (**Complete Section 4a (special payee information) below**). The distribution check will be sent to the address provided below. The address provided will be used for this distribution only and will not replace the existing address on my account. **Medallion Signature Guarantee Required.**

**4a. Special Payee Information** (payment will be made to an educational institution or to an address not already on file.)

- Check this box if you would like for us to keep the below special payee information on file for future distributions. (Medallion Signature Guarantee Required)

Eligible Educational Institution Name

Student Name, ID or other identifying Information (This information will appear on both the mailing address and on the check)

Mailing Address (Line 1) - Note: A physical address must be referenced on the invoice. A P.O. Box is not an acceptable delivery address for these distributions.

Mailing Address (Line 2)

City

State

Zip

**4b. Bank Account Information** (Please provide information on the bank you would like the proceeds of your withdrawal sent to) (requires a signature guarantee).

Type of account (Select one):  Checking Account  Savings Account

Account Name (Print title of your bank account exactly as it appears on your records.)

Account Number

Bank Name and Address

Bank Routing (ABA) number

Signature/Date

Signature #2 (if joint bank account, both must sign)/Date

Medallion Signature Guarantee required if:

1. Distribution is to an address other than the address of record on file.
2. Distribution requested within 30 calendar days of an address change.
3. Requesting Special Payee instructions be added to your account records.

**Medallion Signature Guarantee**—Required if you are requesting a distribution to a special payee or to an address other than the address of record on your account, or in the event that you are requesting a distribution be sent directly to an educational institution and are unable to provide an invoice, or if you would like the special payee information to be retained for future distributions, or if the address to which you’ve requested the distribution to be sent has changed within the past thirty (30) calendar days.

**5. Signature and Agreement of Account Owner**

By signing below, I hereby request that a withdrawal be made from my OklahomaDream 529 Plan Account, as indicated above, and upon such withdrawal do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the current Participation Agreement and Plan Disclosure Statement. I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. **ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE BOARD, THE STATE OF OKLAHOMA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE BOARD OR THE STATE OF OKLAHOMA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER’S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PLAN ADMINISTRATOR ON BEHALF OF THE BOARD, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE BOARD AND THE STATE OF OKLAHOMA AND EACH OF THE MEMBERS, OFFICERS AND EMPLOYEES OF THE BOARD AND THE STATE OF OKLAHOMA FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.**

Signature of Account owner, custodian, trustee, partner, or authorized financial advisor

Date