

**Withdrawal Request Form
For Investors Utilizing
A Financial Advisor
(For Classes A and C)**

(Intended for Oklahoma Residents)

OklahomaDream529

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, 7:30 am–5:00pm Central Time, at **1-877-529-9299**.

Send completed form(s) to:

via regular mail:

OklahomaDream 529 Plan
PO Box 219049
Kansas City, MO 64121-9049

via overnight courier:

OklahomaDream 529 Plan
430 W 7th Street STE 219049
Kansas City, MO 64105-1407

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 (Future Student) Information

First Name	Middle Initial	Last Name	Social Security Number
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3. Request for One-Time Distribution (if selected, proceed to Section 5)

I, the Account Owner, request a one-time distribution from my OklahomaDream 529 Account:

Fund Name or number	Percentage	Amount
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
		Total \$ _____

Withdrawals may be subject to the imposition of federal and state income taxes. An additional 10% federal tax penalty also may be applied to any earnings not used for Qualified Higher Education Expenses.

Request for Automatic Withdrawal Plan (\$10,000 minimum balance for selected Fund)

I, the Account Owner, request that you establish an Automatic Withdrawal Plan by which redemptions will be made Monthly Quarterly on the _____ day (example 15th day) of the selected month or quarter beginning on _____ (insert date when Automatic Withdrawal Plan should begin). Checks will be mailed on or about the selected day of each month or quarter.

Note: If a frequency option is not selected, the withdrawal will be automatically scheduled for monthly processing.

Fund Name or number	Percentage	Amount
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
_____	_____ %	OR \$ _____
		Total \$ _____

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 5b below and obtain a Medallion Signature Guarantee stamp).
- Pay to Beneficiary by Check (The check will be mailed to the Beneficiary’s address of record).
- Pay to Eligible Educational Institution (**Complete Section 5a (Special Payee information) below**). **For payment requests to the Eligible Institution’s Address in excess of \$10,000, a copy of the schools invoice must be included with your withdrawal form. If you are unable to obtain an invoice, for security reasons a Medallion Signature Guarantee is required.**
- Pay to Account Owner(s) by check to an address that is not on file. (**Complete Section 5a (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.**
- Check here if you wish to receive your check via overnight mail for an additional fee of \$10.

5a. 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

5b. Bank Account Information (Notary stamp or Medallion Signature Guarantee Stamp required)

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

Medallion Signature Guarantee—Required if you are requesting a distribution to a special payee or to an address or bank account other than the address or bank account of record on your account, or in the event that you are requesting a distribution in excess of \$10,000 to 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.

6. 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

Date

Medallion Signature Guarantee may be required if:

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