



Lynn Fitch
 STATE TREASURER
 COLLEGE SAVINGS MISSISSIPPI
 | MACS |

**Mississippi Affordable College Savings
 MACS Program**

Withdrawal Request Form

Questions? Call toll-free 1-800-486-3670

P.O. Box 55037, Boston, MA 02205-5037

Visit www.MS529.com

Instructions

- Complete this form to request a withdrawal from your Account. Complete a separate form for each type of withdrawal you are requesting. Please note that the earnings portion of withdrawal proceeds not used for the qualified higher education expenses of the beneficiary may be subject to federal income tax and a 10% federal penalty tax.
- Print in capital letters using blue or black ink. Mail this form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- Section 6 Medallion Signature Guarantee¹: If you recently made a change to your mailing address or to your banking information on file, the Plan will not be able to send your redemption proceeds for 30 days after the receipt of this request UNLESS you provide a Medallion Signature Guarantee. You will also need to provide a Medallion Signature Guarantee for requests of withdrawals of \$100,000. If an Entity Account Owner or an Account Owner's authorized representative completes this form, a medallion signature guarantee must appear in Section 6.

Forms may be downloaded at www.MS529.com or you may call MACS toll-free at 1-800-486-3670 to order forms, perform certain account transactions, or to get help completing a form.

1 Type of Withdrawal (Check only one box.)

- Qualified Withdrawal**
 Withdrawal proceeds will be used for the beneficiary's qualified higher education expenses.
- Non-Qualified Withdrawal**
 Withdrawal proceeds will **not** be used for the beneficiary's qualified higher education expenses.
- Withdrawal due to a qualified scholarship awarded to the Beneficiary**
 The withdrawal must be equal to less than the amount of the scholarship.
- Withdrawal due to the Beneficiary's attendance at a United States Military Academy**
- Withdrawal due to the disability of the Beneficiary**
- Withdrawal due to the death of the Beneficiary**

2 Account Information

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Account Number (Refer to your Statement)

Contact Number

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Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

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Beneficiary Name (First, MI, Last, Suffix)

3 Amount of Withdrawal

Provide the amount you want to withdraw, and from which Investment Option(s) in your Account you want to fund your withdrawal. Please note that you will not be able to withdraw a contribution until 10 days after receipt of that contribution by MACS.

Investment Option Name	Indicate a specific amount or write "ALL" for each Investment Option				
Managed Allocation Option (Age-based)	\$,		.
Diversified Equity Option (1968)	\$,		.

¹ Medallion Signature Guarantee Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

5 Signature and Certification *(This section must be signed or the withdrawal cannot be processed.)*

By signing this form, 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 understand and agree to all terms of the withdrawal as presented here, and in the MACS Disclosure Booklet and Participation Agreement.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that the requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an *Automatic Contribution and Banking Information Form* accompanies this form.

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 an updated *Direct Deposit Payroll Deduction Form* accompanies this form to reallocate contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

If I am withdrawing my entire account balance, I request a cancellation of my *Participation Agreement* and the closure of my Account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

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Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

Medallion Signature Guarantee – if applicable

Important Information – Medallion Signature Guarantee You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature guarantee will be provided.

AFFIX GUARANTOR STAMP HERE



Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

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