Brighter Future Advisor Plan

Withdrawal Request Form



- Complete this form to request a full or partial qualified or non-qualified withdrawal from your Brighter Future Advisor Plan account. You
 must submit a separate form for each type of withdrawal you are requesting. The earnings portion of non-qualified withdrawals from your
 account may be subject to federal income tax, and a 10% federal penalty tax as well as state and local income taxes.
- Note: You can also request a withdrawal online at www.BrighterFutureAdvisor529.com
- We are required to file IRS Form 1099-Q annually if you take a withdrawal from your Brighter Future Advisor Plan account.
- We may not distribute money until we have collected it and there is a minimum period of seven (7) business days that each contribution
 must be on deposit with the Brighter Future Advisor Plan. For example, if you contribute to an account by check, we may not distribute that
 money until the check has cleared and the money is in your account.
- If the address to which you've requested the withdrawal be sent has changed in the last nine (9) business days, your withdrawal will be held until this waiting period has been satisfied.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form – or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700 For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Owner Information	
Account Number	Social Security Number or Taxpayer Identification Number
Name of Account Owner (first, middle initial, last)	
Daytime Telephone Number	Evening Telephone Number



DO NOT STAPLE

Name of																								
rvanic oi	f Designated	Benefici	ary <i>(first</i>	t, middle	initial	, last)																		
			٦_																					
Social S	 ecurity Numb	er or Ta	 xpayer l	ـــــــــــــــــــــــــــــــــــــ	ation N	⊸ ∟ Jumbe	∟ er (req u	iired)																
						1					7	1		7			7	7	7					
Mailing A	Address		الـــال																		_		_ _	
											7	1			1									
City													Sta			L_ Zip				<u> </u>			_	_
A B	Qualified higher ed	ucatior d with	n expei drawa	nses. <i>(</i> al to th	You v	vill re nefic	ceive iary.	<i>a ch</i> е * Му	e <i>ck a</i> with	<i>t youi</i> draw	r <i>ado</i> al w	<i>lress</i> ill be	of r	<i>ecor</i> ed to	<i>d.)</i> pay	for t	he d	esig	nate	ed be	enefi	iciar		
	higher ed	ucatior	ı expei	nses. <i>(</i>	The b	enefi	cıary	will r	eceiv	e a c	neck	at tl	ne a	ddre	ss ya	ou in	dıca	ted i	n Se	ecti	on 2	<i>".)</i>		
C.	Qualifie	l with	drawa	al to a	n elic	aible	colle	ege o	r un	ivers	itv. [*]	: (Pro	ovide	e the	exa	ct s	chor	ol an	dres	s be	low	.)		
			7		, 	, 			7	7	1	1	1	1			1	1	1	7	7	, 기(=		
	Name of So	hool (Ca		only if to	ho with	drawa	l is to	ha san	t direc	tly to a	the so	hool] 											
		1001	7							7	1	1.001.,	1	1	1	1	1	1	1	1		7		
	Departmen	t/Office][][/Contac	t Name																			JL	
			1 - I						-	¬.	1		1	1		1	1	1	1	1	-			
	Student ID																						JL	
			1									1	1		1			1	1	7				
			JLJL																				JL	
	Addrass																							
	Address		1					——		٦		1		1	1		. —	1	1	1	7		¬.	
][[C+			7:] –	-		
	Address][[Stat	te		Zip] –	-		
D. [City Indirect				st my	with	draw	al in a	anoth	ner qu	alific] ed 52] vithii		nex	ct 60	day	s. <i>()</i>] — ′ou v	vill r	recei	ve a
D	City				st my	with	draw	al in a	anoth	ner qu][] ed 52] vithii		nex	ct 60	day	s. /}] — ′ou v	- [recei	ve a
	City Indirect at your ac	ddress	of reco	ord.)	•					·			29 pl	an v		n the			·					
D	City Indirect at your a	ddress	of reco	ord.) I rawa l	l to th	ie ac	coun	t ow	ner. [*]	· •* My	/ wit	hdra	29 pl wal	an v	not l	n the	sed t		·					
	City Indirect at your ac	ddress	of reco	ord.) I rawa l	l to th	ie ac	coun	t ow	ner. [*]	· •* My	/ wit	hdra	29 pl wal	an v	not l	n the	sed t		·					
	City Indirect at your a	ddress lified higher	of reco withd educat	ord.) Irawal tion ex rawal	to th	ie ac es. <i>(Y</i> e be	coun ou wi	it ow	ner.* eive d	·** My a che y with	/ wit ck at	hdra <i>you</i> wal v	29 pl wal er ade	an wwill dress	not I s of I	n the	sed t rd.)	o pa	y fo	r the	e des gnat	signa ed b	ated enef	bene

^{**} The earnings portion of a non-qualified withdrawal is subject to federal income tax, and may be subject to a 10% federal penalty tax, as well as state and local income taxes. Contact your tax advisor about how to report a non-qualified withdrawal. Exceptions to this penalty include withdrawals made because the beneficiary had become disabled, received a scholarship, or is attending a military academy as described in the Brighter Future Advisor Plan Program Description, or died

DO NOT STAPLE

Delivery Method (Choose only one of the fo	nowing.,	
A. First-class mail. Check will be mailed via	u.S. Postal Service.	
B. Priority delivery.		
Not available for P.O. boxes or nonstreet	addresses.	
 A transaction charge of \$15 will be appl 	ied to your account.	
	priority delivery after your withdrawal request has been normally takes 3—5 business days to process if receive usually 4 p.m., Eastern time).	
Amount of Withdrawal (Choose one)		
	nt held in all of the investment options in my account, his account. <i>If you contribute to your account through pibutions</i> .	
	If the dollar amount you indicate for a particular inves liquidate the entire balance of that investment option.)	
Name of Investment Option	Dollar Amount (for partial amounts)	OR Total Balance (Check if applicable)
	\$	
	\$	
	s	
	s	
	*	
Signature — YOU MUST SIGN RFLOW	I	
Signature — YOU MUST SIGN BELOW		itura Advisor Plan Program
I certify that I have read and understand, consent a Description and Participation Agreement and unde	Ind agree to all terms and conditions of the Brighter Furstand the rules and regulations governing withdrawal ation provided on this form is accurate and hereby inst	ls from my Brighter Future
I certify that I have read and understand, consent a Description and Participation Agreement and unde Advisor Plan account. I also certify that the informa	and agree to all terms and conditions of the Brighter Furstand the rules and regulations governing withdrawal	ls from my Brighter Future