

Instructions

- Read the *Disclosure Booklet* and the enclosed *Withdrawal Guidelines* before completing this form. A discussion of the tax implications, if any, of taking a withdrawal from the Plan appears in the *Disclosure Booklet*, which is available from the Plan.
- Complete a separate form for each type of withdrawal, each type of payment and/or for each Beneficiary. Additional copies of this form, or any Plan form, are available by calling the Plan or by visiting www.mnsaves.org and clicking on *Account Forms*.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.
- Entity Account Owners must also provide the required documentation, as described in the enclosed *List of Approved Documents for Substantiation by Entity Account Owners*.

1 Type of Withdrawal (Check only one box.)

- Qualified Withdrawal**
The withdrawal will be used for the Qualified Higher Education Expenses of the Beneficiary at an Eligible Educational Institution, which is generally an accredited postsecondary educational or vocational school that is eligible to participate in federal financial aid programs under Title IV of the Higher Education Act of 1965.
- Non-Qualified Withdrawal**
The withdrawal will not be used for the Qualified Higher Education Expenses of the Beneficiary.
- Withdrawal due to a qualified scholarship awarded to the Beneficiary**
The withdrawal must be equal to or less than the amount of the scholarship.
- Withdrawal due to the Beneficiary's attendance at a United States Military Academy**
- Withdrawal due to the death or disability of the Beneficiary**

2 Account Information

<div style="border: 1px solid black; padding: 2px;"> - </div> <p style="font-size: small;">Fund and Plan Account Number (Provide any one from your statement.)</p>	<div style="border: 1px solid black; padding: 2px;"> - - </div> <p style="font-size: small;">Day Telephone Number</p>
Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name	
Beneficiary Name (First, MI, Last, Suffix)	

3 Withdrawal Information

Qualified Withdrawals may be made payable to the Account Owner, Beneficiary or to the Eligible Educational Institution.
Note: If the Beneficiary has a State Matching Grant Account **and** you request a qualified withdrawal in Section 1, a proportionate amount of the withdrawal will automatically be redeemed from the State Matching Grant Account **only** if your Plan Account has been opened more than three years. The sum of the withdrawals from your Plan Account and the State Matching Grant Account, if applicable, will equal the amount requested below. Please be advised that State Matching Grant funds can only be paid to the Beneficiary or to the Eligible Educational Institution. State Matching Grant funds cannot be paid to the Account Owner.

Non-Qualified Withdrawals and other types of withdrawals will be made payable to the Account Owner.

Tell us how much to withdraw from this Account. ¹ (Check only one.)

- Entire** Account balance (in all Investment Options) **OR**
- Partial** Account balance, as indicated below.

Investment Option Name	Indicate a partial amount or "ALL" for each Investment Option					
Managed Allocation Option	\$,			.
100% Equity Option (1918)	\$,			.
Balanced Option (2300)	\$,			.
100% Fixed Income Option (2301)	\$,			.
Money Market Option (2302)	\$,			.
Guaranteed Option (1917)	\$,			.
Total Partial Withdrawal Amount	\$,			.

NOTE: You cannot withdraw a contribution until 10 days after the receipt of that contribution by the Plan. Your withdrawal amount will be reduced by the number of recently acquired units, if applicable.

¹ Trust units cannot be redeemed until 30 days from the effective date of a change of address or of Account Owner unless medallion signature guarantee was affixed to the original Plan form requesting such a change. Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee.

4 Payment Information (Check only one box.)

Pay to Account Owner by Check (The check will be mailed to the Account Owner's address of record.)

Note: If applicable, State Matching Grant funds will be paid directly to the **Beneficiary** by check for **qualified** withdrawals only.

Pay to Beneficiary by Check (Qualified Withdrawals Only) (The check will be mailed to the Beneficiary's address of record.)

Note: If applicable, State Matching Grant funds will be included in the check.

Pay to Account Owner by Electronic Funds Transfer (EFT)

Note: If applicable, State Matching Grant funds will be paid directly to the Beneficiary by check for **qualified** withdrawals only.

The option to receive payments by EFT is only available if the Plan has your bank account on file for at least 30 days and your bank has confirmed that information. You may want to call the Plan to verify your bank account information before selecting this payment option.

- If you select this method but you do not have a bank account on file or if your bank account information has been added or changed within 30 days, then a check will be mailed to your address of record.
- If you have more than one bank account on file, then you must tell us which bank account should be credited with this payment; otherwise a check will be mailed to your address of record.

Bank Name:

Account Number:

Note: Your bank account will be credited separately for the contribution and earnings, if any, amounts withdrawn from **each** Investment Option. Depending upon the number of Investment Options you own, you could receive up to 12 deposits into your bank account.

Pay to Eligible Educational Institution, including applicable State Matching Grant funds (Complete the information below.)

Please verify the mailing instructions before submitting this form for payment and provide student ID, if required by the school.

Note: Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.

Check this box if you want the check payable to both the Eligible Educational Institution AND to the Beneficiary. []

Grid for Eligible Educational Institution Name

Eligible Educational Institution Name

Grid for Student Name, ID or other Identifying Information

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

Grid for Mailing Address (Line 1)

Mailing Address (Line 1)

Grid for Mailing Address (Line 2)

Mailing Address (Line 2)

Grid for City, State, Zip

City, State, Zip

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

By signing below, I certify that the information contained in this Form, and in any required documentation, 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 on this Form and in the *Withdrawal Guidelines* that accompany this Form.

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. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations in the *Withdrawal Guidelines*.

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 *Electronic Banking Information Form* accompanies this form.

If I am making contributions by payroll deduction, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Payroll Deduction Form* accompanies this form or I notify my employer to stop my payroll deduction.

For Minor Trust Accounts, including *Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts*

I certify that I am the Trustee, or custodian, of this Account and that this withdrawal is authorized under the Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.

For Entity Accounts, including *Minor Trust accounts with a minor as the Beneficiary*

I certify I am authorized by the entity Account Owner identified in Section 2 to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.

If I am withdrawing my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account for the Designated Beneficiary.

Signature line

Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

Mail this form to:



FINANCIAL SERVICES FOR THE GREATER GOOD™

Overnight Mail
Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail
Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134

Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by TIAA-CREF Individual & Institutional Services, LLC

MN0808.WRF

Withdrawal Guidelines

The Plan does not require you to provide substantiation for qualified and non-qualified withdrawals before processing your withdrawal request. However, it is the Account Owner's responsibility to substantiate qualified withdrawals to the U.S. Internal Revenue Service or to any state or local taxing authority. You should retain receipts, invoices, relevant documents and any other information deemed adequate to substantiate that a particular expense is a qualified higher education expense or that a particular withdrawal was made on account of the death or disability of, or scholarship award to, the Designated Beneficiary, or was due to the Designated Beneficiary's attendance at a United States Military Academy.

A discussion the tax implications, if any, of taking a withdrawal from the Plan appears in the *Disclosure Booklet*, which is available by calling the Plan at 1-877-338-4646 or by visiting www.mnsaves.org.

➤ Qualified Withdrawals

Qualified expenses include the costs of tuition, fees, books, supplies and equipment required for enrollment or attendance at an Eligible Educational Institution. Certain room and board expenses of a Beneficiary at an Eligible Educational Institution are also included, as described below.

Non-qualified expenses include commuting/travel expenses, clothing, incidental items, computer equipment and software *unless explicitly required* by the Eligible Educational Institution for the Beneficiary's course of study.

An Eligible Educational Institution is generally an accredited postsecondary educational or vocational school that is eligible to participate in federal financial aid programs under Title IV of the Higher Education Act of 1965. Contact your school to determine if it is an Eligible Educational Institution.

Room and board expenses may be qualified if the Beneficiary is enrolled in a degree or certificate-program at least halftime. *For students living on campus in institutionally owned or operated housing*, the actual amount paid for room and board will be treated as a qualified expense. *For students living at home with parents and students not living in institutionally owned or operated housing*, the Eligible Educational Institution's "Cost of Attendance" allowance for federal financial aid purposes limits the amount of room and board that may be treated as a qualified expense.

Refunds If an Eligible Educational Institution refunds any part of the Qualified Withdrawal to the Account Owner or Beneficiary, the earnings portion of the withdrawal may be considered a Non-Qualified Withdrawal unless:

- the refund is used for other Qualified Higher Education Expenses of the Beneficiary.
- the refund was made due to the death or disability of, or receipt of a scholarship award by, the Beneficiary or was due to the Beneficiary's attendance at a United States Military Academy.
- the refund is deposited as a contribution to a Qualified Tuition Program Account for a "member of the family" of the Beneficiary within 60 days of the withdrawal.
- the refund was paid to the beneficiary of, or the estate of, the Beneficiary on or after the Beneficiary's death.

State Matching Grant Accounts will be redeemed on a proportionate basis **only** if your Plan Account has been opened more than three years **and** a qualified withdrawal is requested. The sum of the withdrawals from your Plan Account and the State Matching Grant Account, if applicable, will equal the amount requested in Section 3 of this form. Be advised that State Matching Grant funds will be paid directly to the Beneficiary or to the Eligible Educational Institution, based on the instructions provided in Section 4 of this form. State Matching Grant funds **cannot** be paid directly to the Account Owner.

➤ Non-Qualified Withdrawals

Non-Qualified Withdrawals are withdrawals that are not used to pay Qualified Higher Education Expenses and are not due to the death or disability of, or receipt of a scholarship award by, the Beneficiary nor due to the Beneficiary's attendance at a United States Military Academy; nor paid to the beneficiary of, or the estate of, the Beneficiary on or after the Beneficiary's death. (See the *Disclosure Booklet* about the tax consequences of taking a Non-Qualified Withdrawal.)

A note about Minor Trust Accounts: Withdrawals from Minor Trust accounts in which the Account Owner is a trustee or custodian must be for a purpose permissible under the Trust instrument or the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act, respectively.

➤ Other Withdrawals

Please refer to the *Disclosure Booklet* for a discussion of withdrawals due to the death, disability of or scholarship award to the Beneficiary, or due to the Beneficiary's attendance at a United States Military Academy.

Keep all receipts and other documents to substantiate your expenses.



List of Approved Documents for Substantiation by Entity Account Owners
Including Minor Trust Accounts opened by a Trust that names a minor as beneficiary

Substantiation is required from an entity Account Owner when opening a Plan Account or when conducting a transaction for that Account. Such documentation must include the following:

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The same document may provide substantiation of all of the three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - ***If judged authentic and complete***, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - ***If judged inauthentic or incomplete***, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.

Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that the Minnesota College Savings Plan (the “Plan”) has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary’s Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary’s Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary’s identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

Mail this form to:

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134

Overnight Mail

Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809



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