

Distribution Authorization Form

- Complete this form to request a full or partial Qualified or Non-Qualified Distribution from your College Savings Bank, a Division of NexBank SSB Arizona Family College Savings Program (**Bank Plan**) Account. The earnings portion of a Non-Qualified Distribution from your Account may be subject to Federal income tax and the Distribution Tax (as defined in the Disclosure Statement) as well as state and local income taxes. See the **Bank Plan** Disclosure Statement (Disclosure Statement) for more information. For IRS purposes, please keep a copy of this completed form for your records as well as any receipts, invoices or other documents that substantiate Qualified Distributions. We are required to file IRS Form 1099-Q annually if you take a distribution from your Account.
- Please allow up to 30 days for processing requests for early CD redemption(s) and up to ten (10) business days for CollegeSure Honors Savings Account distributions received in good order.
- A contribution must be on deposit with the **Bank Plan** for a period of ten (10) calendar days prior to distribution.
- If the address to which you've requested the distribution be sent has changed, or if you have changed your banking information in the last fifteen (15) calendar days, your distribution will be held until this waiting period has been satisfied.
- Forms can be downloaded at www.collegesavings.com/Arizona. Call to order additional forms or request assistance in completing this form at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

NOTE: Distributions from your Account prior to the Maturity Date of the CD in which your Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

Make checks and electronic transfers payable to: **AFCSP-Bank Plan, CSB as Manager**

Mail or Fax this form and any other required documents to:

- **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

1. Account Information

Account Number

Telephone Number

Email

Account Owner or Custodian First Name

MI

Last Name

Social Security Number

Joint Account Owner First Name

MI

Last Name

Social Security Number

Beneficiary's First Name

MI

Last Name

Social Security Number

2. Type of Distribution Request (Required if requesting an EFT or Check Payment.)

This request will not be processed unless one of the distribution types are selected:

See the Disclosure Statement for more information.

- Qualified:** A qualified distribution is used to pay qualified higher education expenses for the beneficiary of the account. This generally includes tuition, fees, room and board, and the cost of books, school supplies and equipment required for enrollment or attendance of the beneficiary at an eligible educational institution. Earnings portion of the distribution is not subject to federal income tax.
- Non-Qualified:** Funds used for expenses other than Qualified Expenses are subject to the 10% IRS Non-Qualified Distribution Penalty on any earnings. In addition, the earnings portion of the distribution is includable in computing the federal taxable income for the distributee.

3. Account Type(s)	CD at Maturity	Distribution Amount
CollegeSure® Honors Savings Account #: _____	N/A	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)
1-Year Fixed Rate CD Account #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)
2-Year Fixed Rate CD Account #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)
3-Year Fixed Rate CD Account #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)
InvestorSure® CD** Account #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)
CollegeSure® CD Account #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 5)

For requests made in November/December, specify for which calendar year you are requesting the distribution here _____.
 To avoid possible federal and/or state tax penalties, we recommend distributions be used in the same calendar year that expenses are paid.

* Distributions from your Account prior to the Maturity Date of the CD in which your Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

** Distributions from your Account prior to the Maturity Date of an InvestorSure CD is permitted on the anniversary date only.

4. Distribution Method (Select a payment option.)

Check payment: Check(s) will be made payable to the Account Owner(s), Beneficiary or Educational Institution, and mailed to the address on file for the Account Owner(s). Checks will **not** be mailed directly to the school.

Make check payable to Account Owner(s)

Make check payable to Beneficiary

Make check payable to Educational Institution _____
 for account of (FAO) Designated Beneficiary. Name of Educational Institution

Electronic Funds Transfer (EFT) payment: Transfer funds to another Domestic (U.S.) institution payable to the following recipient. **Note:** An Electronic Funds Transfer can **only** be made to the Account Owner or Beneficiary on record.

Make transfer payable to the Account Owner(s)

Make transfer payable to the Beneficiary

Bank Account Information: Please provide bank account information requested below. We suggest you confirm the bank's ability to accept these transactions and inquire about any bank fees.

Financial Institution Name _____ Bank Account Owner(s) _____

Checking Account Savings Account

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9-digit Bank ABA Routing Number

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Bank Account Number (up to 16-digits)

5. Reinvestment Option

If you are not withdrawing the entire balance of this year's maturing CD(s), specify below how you would like to reinvest the funds remaining in your Account. You will need to complete another Distribution Authorization Form each time additional funds are needed. A description of reinvestment options can be found at www.collegesavings.com/Arizona. Reinvestments other than those identified in the Disclosure Statement as the default actions, could be considered part of your twice per calendar year investment change.

Account Type(s)	Reinvestment Amount
CollegeSure® Honors Savings Account:	Entire Balance Other \$ _____
1-Year Fixed Rate CD*:	Entire Balance Other \$ _____
2-Year Fixed Rate CD*:	Entire Balance Other \$ _____
3-Year Fixed Rate CD*:	Entire Balance Other \$ _____

*If you do not specify your reinvestment amount and your CD product(s) are at maturity, the default actions outlined in the Terms and Conditions and Disclosure Statement will apply.

6. Signature(s) (Required)

If the Account is an UGMA/UTMA, the Custodian should sign below and write "custodian" after his/her name. Signatures are matched against the signature provided on the original Enrollment Form. If any signature does not match and/or a signature was not provided at enrollment, a signature guarantee is required. Do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. The lack of a required signature guarantee could delay this distribution.

If the source account is a Custodian (UGMA/UTMA) account, I certify that I am the custodian of the account and that the transfer is necessary for the welfare of the beneficiary. Furthermore, if the account is owned by a trust, organization or corporate entity, I certify that I am authorized to act on its behalf in making this transfer.

I certify that I have read and understand, consent and agree to all terms and conditions of the Disclosure Statement and understand the rules and regulations governing distributions from my AFCSP-Bank Plan Account. I also certify that under penalty of perjury that all information contained herein is complete and correct, including the Taxpayer Identification Number or Social Security Number(s) set forth on this form. I understand that distributions from my Account prior to the Maturity Date of the CD in which my Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

Signature of Account Owner or Custodian	Date

Signature of Joint Account Owner	Date

Signature Guarantee for
Account Owner or Custodian

Signature Guarantee for
Joint Account Owner

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