

New York's 529 College Savings Program

Advisor Plan

Please return your completed form to:

PO Box 55447
Boston, MA 02205-5447

Overnight address:

30 Dan Road
Canton, MA 02021

Withdrawal Request Form

Please write in all capital letters, using blue or black ballpoint pen, and be sure to fill out the form completely. Incomplete forms cannot be processed.

1. Read the Program Brochure before you complete this form.
2. Only one withdrawal is permitted per form.
3. A separate withdrawal request must be submitted for each Designated Beneficiary.
4. Additional documentation may be required for certain non-qualified withdrawals. Please call 1-800-774-2108 to get more information.
5. Sign and date the form. Mail to the address shown above.
6. Do not use this form to designate a new Designated Beneficiary for an existing account. Please complete the Change of Designated Beneficiary Form, which can be obtained by visiting www.ny529advisor.com or by calling 1-800-774-2108.

1. Type of withdrawal (check one)

- Qualified withdrawal** The withdrawal is being used for qualified higher education expenses of the Designated Beneficiary at an eligible educational institution, in the same taxable year as the withdrawal is paid. You must complete section 5, "Information for qualified withdrawals only."
- Non-qualified withdrawal** The withdrawal will not be used for the qualified higher education expenses of the Designated Beneficiary. See section 6, "Required additional documentation," for more information.

Important note: Withdrawal request forms submitted without the required supporting documentation will not be processed. Because it is the Account Owner's and Designated Beneficiary's responsibility to provide proof of educational expenses and withdrawals to the IRS if requested, we encourage you to maintain thorough records.

2. Account information

Name of Account Owner or trustee (first) (m.i.) (last)

Social Security number of Account Owner or taxpayer ID of trust

Name of Designated Beneficiary (first) (m.i.) (last)

Social Security number of Designated Beneficiary

3. Withdrawal information

Use this section to indicate from which portfolio(s) you would like to withdraw funds. If you are withdrawing funds from more than 12 portfolios, please list any additional portfolios and amounts on a separate sheet of paper.

Please withdraw funds from:

Portfolio number - Account number
 -

Withdraw the amount/percent specified entire balance
\$ OR %

Portfolio number - Account number
 -

Withdraw the amount/percent specified entire balance
\$ OR %

Portfolio number - Account number
 -

Withdraw the amount/percent specified entire balance
\$ OR %

Portfolio number - Account number
 -

Withdraw the amount/percent specified entire balance
\$ OR %

3. Withdrawal information (continued)

Please withdraw funds from:

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

Portfolio number Account number
-

Withdraw the amount/percent specified **OR** entire balance
\$ OR %

4. Payee information

Choose to whom the withdrawal will be payable (payee) and how the withdrawal should be sent out.

Step 1

The withdrawal should be payable to:

- The Account Owner (go to step 2)
- The Designated Beneficiary (go to step 2)
- Directly to the eligible education institution (go directly to and complete section 5)

Step 2

Please send the proceeds as a:

- Check to address of record of payee
- Check to other address (complete step 3A)
 - Optional overnight delivery *
- Wire transfer (complete step 3B)*
- ACH direct deposit (complete step 3B)

For qualified withdrawals, remember to complete section 5.

*A one-time service charge may be deducted from your account for each wire transfer or overnight delivery package.

Step 3A

Please provide mailing information if the withdrawal is being sent to an address other than the address of record. A Medallion signature guarantee is required in section 7, "Signature section."

Alternate address

Street number Street name

City State Zip

4. Payee information

Step 3B

Please provide bank information if the withdrawal is being sent via wire transfer or ACH direct deposit. A Medallion signature guarantee is required in section 7.

Bank account number (Do not use spaces or dashes)

Bank routing number (your bank can provide this)

Account type: Checking Savings

Name of bank

Bank street address

City State Zip

Bank phone number

Name of bank account owner (first) (m.i.) (last)

Name of joint owner, if applicable (first) (m.i.) (last)

5. Information for qualified withdrawals only

If you indicated in section 1, "Type of withdrawal," that the requested withdrawal is being used for qualified higher educational expenses for the Designated Beneficiary at an eligible educational institution, it must be used for expenses within the same taxable year as the withdrawal is paid. You must also provide the academic period within which the expenses occurred.

For the academic period beginning on:

Ending on:

Required for qualified withdrawals payable directly to an Eligible Educational Institution

Qualified withdrawals payable directly to Eligible Educational Institutions (other than a foreign Eligible Educational Institution) will be transferred by the Plan to the New York State Higher Education Services Corporation (HESC), which will in turn send the withdrawal amount to the Eligible Educational Institution either electronically or by mail. For all other types of withdrawals, the Plan will send the withdrawal directly to the payee as instructed in section 4, "Payee information."

You must provide the school name, federal school code and federal campus code. These codes can be obtained from the Bursar's, Financial Aid or Student Accounts' office at the eligible educational institution the Designated Beneficiary is attending. You can also locate the codes on the web at <http://www.fafsa.edu.gov> by searching for the school codes. If the school does not have a campus code, enter "00". **This request will NOT be processed if these fields are left blank or are incorrect.**

School name

Attn: Federal School code Federal campus code Student ID

Street Address or PO Box

City State Zip

6. Required additional documentation

If the non-qualified withdrawal is due to:	Required documentation
The death of the Designated Beneficiary	Certified copy of the Designated Beneficiary's death certificate.
The disability (as described in the Program Brochure) of the Designated Beneficiary	If there are class B or C units still subject to a CDSC in the account, valid proof of disability must be attached to this withdrawal request.

For more information on non-qualified withdrawals due to the receipt of a qualified scholarship by, disability of or death of the Designated Beneficiary, or attendance at a Military Academy by the Designated Beneficiary, please see the Program Brochure. **Because it is the responsibility of the Account Owner and the Designated Beneficiary to provide proof of educational expenses and other withdrawal reasons to the IRS if requested, we encourage you to maintain thorough records.**

7. Signature section

My signature below certifies that the information contained in this form and in any attachment to this form is true and correct. I authorize a withdrawal from my account based on the information I have reported within this form and the attachments. I understand and agree to all terms of this withdrawal as presented on this form and in the Program Brochure and Tuition Savings Agreement. I also acknowledge that it is the responsibility of the Account Owner and Designated Beneficiary to maintain adequate records and receipts to substantiate all qualified higher education expenses that are paid from the account.

I agree that none of the State of New York, its agencies, the Federal Deposit Insurance Corporation (FDIC), Columbia Management Group, LLC, Upromise Investments, Inc. or their applicable affiliates will be liable for any loss, liability, cost or expense for acting upon such instructions.

Signature of Account Owner

Date

You must obtain a Medallion signature guarantee if 1) the withdrawal is within 60 days of establishing the New York's 529 College Savings Program Advisor Plan account, 2) a check is to be mailed to an address other than the address of record, 3) the address of record has changed within 30 days of the withdrawal request, 4) the withdrawal is being sent via wire transfer or direct deposit into your bank account.

Medallion signature guarantee (by eligible guarantor as explained below)¹

¹ If your signature requires a guarantee, that guarantee may be provided by a bank, a trust company, a member of a domestic stock exchange or any other eligible guarantor institution. A notary public is not qualified to provide a signature guarantee.

New York's 529 College Savings Program currently includes two separate 529 plans. The Advisor Plan is sold exclusively through financial advisors. You may also participate in the Direct Plan, which is sold directly by the Program and offers lower fees. However, the investment options available under the Advisor Plan are not available under the Direct Plan. The fees and expenses of the Advisor Plan include compensation to the financial advisor. Be sure to understand the options available before making an investment decision.

New York's 529 College Savings Program Advisor Plan is described in the current applicable Program Brochure and Tuition Savings Agreement. Accounts are opened by completing an Enrollment Application. All of these should be read carefully before opening an account. None of the State of New York, its agencies, the Federal Deposit Insurance Corporation (FDIC), Columbia Management Group, LLC, Upromise Investments, Inc. or any of their applicable affiliates insures accounts or guarantees the principal deposited therein or any investment returns on any account or investment portfolio. The value of your account will vary based on market conditions and the performance of the investment options you select, and may be more or less than the amount you deposit. Tax benefits are subject to certain limitations and certain withdrawals are subject to federal, state and local taxes. If you are a resident or taxpayer of another state, you should consider whether that state offers a 529 Plan with tax or other benefits that are not available through this Program. You should consult your tax advisor. Investments may be made through financial advisors that have entered into Advisor Plan selling agreements with Columbia Management Distributors, Inc., distributor.