



# 3

## Withdrawal Amount

Enter the amount of the Withdrawal or check appropriate box. (You may divide this amount. Please indicate the amount to be sent to each party in Section 4.)

Total Amount \$ \_\_\_\_\_ . \_\_\_\_\_  Entire Balance  Close Account

# 4

## Payment Instructions

**Institution of Higher Education** Send the payment to the address shown below

You must include the payment stub or a copy of the invoice from the institution. Please keep a copy for your records.

\_\_\_\_\_  
Name of Qualified Higher Education Institution

\_\_\_\_\_  
Mailing Address and Department City State Zip

\$ \_\_\_\_\_ . \_\_\_\_\_  Full Amount in Section 3

**Account Owner** Send the payment to the address listed in Section 1 of this form.

\$ \_\_\_\_\_ . \_\_\_\_\_  Full Amount in Section 3

**Beneficiary** Send the payment to the Beneficiary listed in Section 1 of this form.

\$ \_\_\_\_\_ . \_\_\_\_\_  Full Amount in Section 3

# 5

## Authorization

I hereby request the Withdrawal as indicated. Bright Directions is entitled to rely on this request and is released from any and all claims I may have or hereafter claims with respect to the Withdrawal. I certify the Social Security numbers given in Section 1 are correct and that all information contained herein is true and correct. I certify that no other request has been previously submitted for this reimbursement or payment for these expenses from this Plan or any other qualified tuition program. I am also aware that I am responsible for providing the necessary substantiation as may be required by the IRS for verification of Qualified Withdrawals.

If the Account is an UTMA/UGMA account, I further certify that I am the Custodian of the Account and that the Withdrawal request is necessary for the welfare of the Beneficiary. If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this Withdrawal.

X \_\_\_\_\_

Signature of Account Owner, Parent or Guardian (if Account Owner is a minor), or Custodian Date

(Print Name Here) \_\_\_\_\_

Please allow approximately 5-7 business days to process this request.

### MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

A Medallion Signature Guarantee is required for withdrawals over \$25,000. If you have changed the address on this Account and this withdrawal is within 30 days of that change, a Medallion Signature Guarantee is required. Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program. (A NOTARY SEAL IS NOT ACCEPTABLE.)



**Alexi Giannoulis**  
Illinois State Treasurer  
Trustee & Administrator



Program Manager