

Connecticut Higher Education Trust

Withdrawal Request Form

Use this form to withdraw funds from the Program

Questions? Call toll-free 1-888-799-CHET (1-888-799-2438)

P.O. Box 150499, Hartford, CT 06115-0499

Visit www.aboutCHET.com

Instructions

- Before completing this form, please read the Program *Disclosure Booklet*, which contains a discussion of any tax implications. You can obtain a copy online or by calling the Program. (Account Owners with online account access and banking information on file may also login to their account and request a withdrawal directly to their bank account.)
- Complete a separate form for each type of withdrawal, each designated payee and/or for each Beneficiary. Additional copies of this form, or any Program form, are available at www.aboutchet.com.
- Print in capital letters with blue or black ink, sign and date the form and mail it to the Program. Note, a Medallion Signature Guarantee is required for all entity Accounts and may be required for other accounts. See the *Important Information* in Section 5 for more information.¹

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- Withdrawal due to a qualified scholarship awarded to the Beneficiary** (The amount withdrawn may not exceed the scholarship.)
- Withdrawal due to the Beneficiary's attendance at a United States Military Academy**
- Withdrawal due to the disability of the Beneficiary**
- Withdrawal due to the death of the Beneficiary**

2 Account Information

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Fund and Program Account Number (Provide any one from your statement.)

Day Telephone Number

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Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

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Beneficiary Name (First, MI, Last, Suffix)

3 Withdrawal Information

Tell us how much to withdraw from this Account. Write a specific amount or "ALL" next to each Investment Option.

- **Qualified Withdrawals** may be made payable to the Account Owner or Eligible Educational Institution.
- **Non-Qualified Withdrawals** and other types of withdrawals will be made payable to the Account Owner.

<input type="checkbox"/> Check this box for overnight delivery (Optional, \$15 will be deducted from your Account.)	Investment Option Name (Fund Code)	Amount to be Withdrawn
	Moderate Managed Allocation Option (Age based)	\$, .
	Aggressive Managed Allocation Option (Age based)	\$, .
	Conservative Managed Allocation Option (Age based)	\$, .
	Active Equity Option (2282)	\$, .
	High Equity Option (1955)	\$, .
	Equity Index Option (2251) ²	\$, .
	Social Choice Equity Option (2260)	\$, .
	Active Fixed Income Option (2253) ³	\$, .
	Index Fixed Income Option (2281)	\$, .
	Principal Plus Interest Option (1956)	\$, .
	Money Market Option (2261)	\$, .
	TOTAL WITHDRAWAL AMOUNT	\$, .

¹ A Medallion Signature Guarantee is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for the account. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

² Formerly the 100% Equity Index Option through November 22, 2010.

³ Formerly the 100% Fixed Income Option through November 22, 2010.

4 Payment Information (Check only one box. Provide school name and address ONLY for direct payments to the school.)

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

Pay to Account Owner by Electronic Funds Transfer (EFT)

This option 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 CHET to verify your bank account information before selecting this payment option.

Note, 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, please indicate below which bank account should be credited with this payment; otherwise a check will be mailed to your address of record.

Bank Name:	Account Number:
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Pay to Eligible Educational Institution (Provide the required 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.

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Eligible Educational Institution Name (School)

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

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School Mailing Address (Line 1)

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School Mailing Address (Line 2)

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School 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 described in the *Disclosure Booklet*.

If I am participating in the **Automatic Contribution Plan (ACP)**, I understand that 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 that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Payroll Deduction Form* (or *State of Connecticut Employee Payroll Deduction Form*) accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer (or the Program Manager if I am a State of Connecticut employee) if I want to stop or change the amount of my payroll deduction.

I certify that I am the **Account Owner**, or I have the authority to act as the **Account Owner**. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Medallion Signature Guarantee appears below.) If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

Important Information

A Medallion Signature Guarantee is required for all entity Accounts, for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner, and for accounts in which the address of record or the Account Owner has been changed in the past 30 days. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.

Note: A Medallion Signature Guarantee is not required for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

(If needed, call for overnight mailing address.)

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499



Program Management by TIAA-CREF Tuition Financing, Inc.
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