



EdVest<sup>SM</sup>  
c/o Wells Fargo  
P.O. Box 3152  
Milwaukee, WI 53201  
www.EdVest.com

Thank you for contacting us regarding your account. Enclosed is the *EdVest* distribution form you requested. "Qualified" distributions are withdrawals used to pay for the designated beneficiary's higher education expenses, such as tuition, fees, room and board, books, supplies, and equipment required for attendance at an eligible educational institution. Qualified distributions are federal and Wisconsin state tax-free.

Please refer to the *EdVest* program description and participation agreement, or visit [EdVest.com](http://EdVest.com) for more information about qualified expenses and eligible schools.

If your withdrawal is a "nonqualified" withdrawal, the earnings portion, but not the initial investments, will be subject to income tax and an additional 10% federal tax. As the *EdVest* account owner, you are responsible for keeping records and reporting any taxable distributions to the IRS. Please consult your tax advisor if you have questions about your particular situation.

If you have questions as you complete this paperwork, please contact us at **1-888-338-3789**. We are available 24 hours a day, 7 days a week.

Sincerely,

Kirstin J. Stahl  
Vice President  
Client Relationship Team

*This material must be accompanied or preceded by a current program description for the **EdVest** plan.*

*EdVest* is a state-sponsored 529 college savings plan administered by the Wisconsin Office of the State Treasurer. Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment management and administrative services to the *EdVest* plan. Shares in the program are distributed by **Wells Fargo Funds Distributor, LLC**, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 125888 02-11

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WIDSLT/WIDISTLTR 02-11

# EdVest<sup>SM</sup> Distribution Request

Complete and sign this form to request a distribution from your EdVest account. If you have questions or would like help completing this form, call **1-888-338-3789**. Information is also available online at **EdVest.com**.



## 1 ACCOUNT INFORMATION (PLEASE PRINT)

### Account owner:

_____ Name of account owner, custodian (first, middle initial, last), or entity	_____ Fund number and account number		
_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. residential street address)	_____ City	_____ State	_____ ZIP code
_____ Email address	_____ Daytime phone	_____ Evening phone	

**Beneficiary:** (Must be the current beneficiary on the account listed above.)

_____ Name of designated beneficiary (first, middle initial, last)	_____ Social Security number		
_____ Mailing address	_____ City	_____ State	_____ ZIP code

**Note:** If the address above is different than the address currently listed on our records, we will update all accounts for the account owner, custodian, or entity. All future correspondence will be sent to the new address until you advise us otherwise. The beneficiary address will be updated on accounts for which the same account owner, custodian, or entity is authorized. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

## 2 DISTRIBUTION AMOUNT

### Choose one:

- Full distribution:** Liquidate the entire EdVest account balance.  
If the entire balance is requested, any Automatic Investment Plan on the account will be stopped, unless you check the following box:  
 I have an existing Automatic Investment Plan and would like the contributions to continue.
- Partial distribution:** \$ \_\_\_\_\_  
If the amount requested is greater than the balance in the account, the entire account balance will be liquidated.

**Note:** If the entire balance of an EdVest Tuition Unit Program account is liquidated, all matured and future dollars will be redeemed and your account will be closed. Once the account is closed, it cannot be reopened.

## 3 TYPE OF DISTRIBUTION AND PAYMENT METHOD

### Send payment to (complete one option):

A. **Eligible educational institution** (reportable under the beneficiary's Social Security number).

_____ Make check payable to	_____ Attention		
_____ For the benefit of (student's name)	_____ Student ID or account number		
_____ Mailing address	_____ City	_____ State	_____ ZIP code

### IMPORTANT INFORMATION REGARDING ELECTRONIC FUNDS TRANSFER (EFT) AND WIRE REQUESTS:

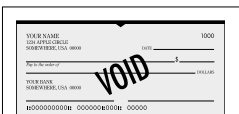
- Contact your financial institution to confirm that the routing number on the voided check is valid for EFT and wire transactions. If the routing numbers are different, include written instructions with the voided check.
- If a preprinted, voided check is not included for the EFT or wire option, the distribution will be sent by check.
- The EFT and wire options are not available for EdVest Tuition Unit Program accounts. If selected, the distribution will be sent by check.

B. **Account owner** (reportable under the account owner's Social Security number). **Choose one payment method:**

- Check**—Send the payment to the account owner's address listed in section 1 of this form.  
A **Medallion Guarantee** is required if requested within 15 days of an address change.
- EFT**—Send the payment to my bank account (attach a preprinted, voided check).
- Wire**—Send the payment to my bank account (attach a preprinted, voided check). A **wire fee** will be deducted from the account.

C. **Beneficiary** (reportable under the beneficiary's Social Security number). **Choose one payment method:**

- Check**—Send the payment to the beneficiary's address listed in section 1 of this form.  
A **Medallion Guarantee** is required if requested within 15 days of an address change or sent to an address that is not on file.
- EFT**—Send the payment to the beneficiary's bank account (attach a preprinted, voided check).  
A **Medallion Guarantee** is required for this option.
- Wire**—Send the payment to the beneficiary's bank account (attach a preprinted, voided check). A **wire fee** will be deducted from the account. A **Medallion Guarantee** is required for this option.



**Include a preprinted, voided check for the EFT or wire payment method to ensure accurate bank account information.**

**Note:** Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

**3 TYPE OF DISTRIBUTION AND PAYMENT METHOD (CONTINUED)**

D. **Third-party or temporary address** (reportable under the account owner's Social Security number). A **Medallion Guarantee** is required.

Make check payable to \_\_\_\_\_

Additional information \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

**4 REDEMPTION OPTION FOR FUTURE DISTRIBUTIONS**

We offer a convenient option to sell shares by phone to have money sent to the account owner's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. You may also sell shares via the internet to have a check payable to the account owner sent to the address of record. If you would like this option added to your account, select the consent option below.

I would like the redemption option added to the fund and account number(s) listed in section 1 of this form.

**Note:** Internet and telephone options are not available for the **EdVest** Tuition Unit Program.

**5 SIGNATURE(S)**

I authorize Wells Fargo to process the distribution from the *Edvest* account as indicated on this form. I agree that the applicable portfolio, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "Wells Fargo")—will not be responsible for banking system delays beyond their control or for any loss, cost, or expense for acting upon my instructions, if they follow reasonable procedures designed to prevent unauthorized transactions.

I understand that Wells Fargo and *EdVest* do not determine whether a distribution is qualified or not, and that receipts and other forms of substantiation should not be submitted to the program. I acknowledge that I am responsible for reporting this distribution in accordance with the current Internal Revenue Service (IRS) rules, including applicable penalties, and further acknowledge that, even though this distribution is processed, it may not be considered qualified by the IRS.

**You must sign and date here to complete this request. A Medallion Guarantee will also be required if indicated in section 3 of this form.**

**X** \_\_\_\_\_  
Signature of account owner, custodian, trustee, partner, officer, or authorized financial advisor\*

Print name \_\_\_\_\_

Date \_\_\_\_\_

Medallion Guarantee\*\* (if applicable)

**X** \_\_\_\_\_  
Signature of co-trustee, partner, or officer

Print name \_\_\_\_\_

Date \_\_\_\_\_

Medallion Guarantee\*\* (if applicable)

\*The financial advisor must be preauthorized by the account owner to request financial transactions.

\*\* A **Medallion Guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "**MEDALLION GUARANTEED**" must be stamped near **each** signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**

**MAIL**

EdVest  
c/o Wells Fargo  
P.O. Box 55244  
Boston, MA 02205-8348

**OVERNIGHT**

EdVest  
c/o Wells Fargo  
Attn: Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021-2809

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