



EdVestSM
c/o Wells Fargo
P.O. Box 3152
Milwaukee, WI 53201
www.EdVest.com

Thank you for investing in the *EdVest* college savings plan. We are happy that you've taken this important step in planning for future higher education expenses.

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. For 2009 and 2010, the purchase of any computer technology, equipment, or Internet access and related services to be used by the beneficiary and the beneficiary's family during any of the years the beneficiary is enrolled at an eligible educational institution also qualify. Qualified distributions are federal and Wisconsin state tax-free.

Please refer to the *EdVest* Program Description and Participation Agreement, or visit www.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. Please note that 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 anytime at 1-888-338-3789.

Sincerely,

Susan M. Frodl
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. 115279 05-09

WIDSLT/WIDISTLTR 05-09

NOT FDIC/NCUA INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

EdVestSM Distribution Request

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



1 ACCOUNT INFORMATION (PLEASE PRINT)

| | | | |
|--|---------------|----------------------------|----------|
| Name of Account Owner, Custodian (first, middle initial, last) or entity | | Fund and account number | |
| If Trust, name of Trustee(s) (first, middle initial, last) | | Date of Trust (mm/dd/yyyy) | |
| 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 |
| E-mail address | Daytime phone | Evening phone | |
| Name of Designated Beneficiary (first, middle initial, last) | | Social Security number | |
| Mailing address | City | State | Zip code |

The Beneficiary must be the current Beneficiary on the account listed above. If you are changing the Beneficiary, call the above phone number for instructions.

Note: If the address above is different from the address currently listed on our records, we will update all accounts for the Account Owner, Custodian, or entity. The beneficiary address will be updated on accounts for which the same Account Owner, Custodian, or entity are authorized. All future correspondence will be sent to the new address above until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed in section 4 of this form if requested within 15 days of the address being changed.** If you want your distribution check sent to a temporary address, please indicate the address in section 2.D and have your signature **Medallion Guaranteed** in section 4 of this form. If a Medallion Guarantee is required but not provided, you will need to submit a new request.

2 TYPE OF DISTRIBUTION AND METHOD

Note:

- If this distribution request is not signed in section 4 of this form, the request will be returned.
- If the amount requested is greater than the balance in the account, the entire account balance will be liquidated.
- If the entire balance is redeemed, any Automatic Investment Plan on the account will be stopped.
- If you have an *EdVest* Tuition Unit account and request the entire balance (all current-year and future-year dollars) in your account to be distributed, your account will be closed. Once a Tuition Unit account is closed, it cannot be reopened. The Electronic Funds Transfer and wire options are not available on these *EdVest* Tuition Unit accounts.

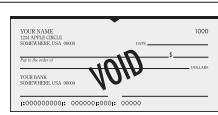
A. Make payment directly to an eligible educational institution for \$_____ or the entire account balance.

The distribution will be reported under the Beneficiary's Social Security number.

- Send payment by check to the mailing address listed on the enclosed tuition statement/bill.
- Send payment by check to the mailing address listed below.

| | |
|-------------------------------------|------------------------------|
| School | Attention |
| For the benefit of (student's name) | Student ID or account number |
| Mailing address | City State Zip code |

2 TYPE OF DISTRIBUTION AND METHOD (CONTINUED)



Include a voided bank check for the electronic funds transfer or wire payment method if one of these options is chosen in B or E of this section.

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

B. Make payment directly to the Account Owner for \$ _____ or the entire account balance.

The distribution will be reported under the Account Owner's Social Security/taxpayer ID number.

- Send payment by check to the Account Owner's address listed in section 1 of this form.
- Send payment via electronic funds transfer to my bank account (attach voided check*). I understand that the proceeds will normally arrive at my bank within two banking days after the distribution has been processed.
- Send payment via wire transfer to my bank account (attach voided check*). **A wire fee will be deducted from the account balance.**

***Note:** If a voided check is not included, a distribution check made payable to the Account Owner will be mailed to the address of record listed in section 1 of this form.

C. Make payment directly to the Designated Beneficiary for \$ _____ or the entire account balance.

The distribution will be reported under the Beneficiary's Social Security number.

- Send payment by check to the Beneficiary's address listed in section 1 of this form.

A MEDALLION GUARANTEE IS REQUIRED IN SECTION 4 OF THIS FORM IF YOU CHOOSE TO HAVE THE DISTRIBUTION MAILED TO A TEMPORARY ADDRESS, MAILED TO A THIRD PARTY, OR SENT TO THE BENEFICIARY'S BANK ACCOUNT (METHOD D OR E).

D. Send payment by check to the temporary address or the third party listed below for \$ _____ or the entire account balance.

Make check payable to the following and mail the check to the address listed below:

- Account Owner.** *The distribution will be reported under the Account Owner's Social Security/taxpayer ID number.*
- Designated Beneficiary.** *The distribution will be reported under the Beneficiary's Social Security number.*
- Third party.** *The distribution will be reported under the Account Owner's Social Security/taxpayer ID number.*

Name of individual or entity

Mailing address

City

State

Zip code

E. Make payment by Electronic Funds Transfer or wire to the Designated Beneficiary for \$ _____ or the entire account balance.

The distribution will be reported under the Beneficiary's Social Security number.

- Send payment via electronic funds transfer to the Beneficiary's bank account (attach voided check*). I understand that the proceeds will normally arrive at the bank within two banking days after the distribution has been processed.
- Send payment via wire transfer to the Beneficiary's bank account (attach voided check*). **A wire fee will be deducted from the account balance.**

***Note:** If a voided check is not included, a distribution check made payable to the Beneficiary will be mailed to the address of record listed in section 1 of this form.

3 REDEMPTION OPTION FOR FUTURE DISTRIBUTIONS

We offer a convenient option to request distributions via the Internet and by phone. These Internet and Telephone Redemptions are sent to the Account Owner's address of record in the form of a check made payable to the Account Owner. If you would like the ability to request Internet and Telephone Redemptions via check, 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: If you would like to add the option to request an electronic funds transfer (EFT) or wire distribution by phone to have money sent to your bank account, please complete an **EdVest** Account Change Request form.

4 SIGNATURE(S)/AUTHORIZATION

I certify that the information I have provided with respect to my *EdVest* account is true, complete, and correct. I authorize Wells Fargo to process the distribution from the *EdVest* account indicated in this instruction. I agree that the applicable Portfolio, Wells Fargo Funds Management, LLC, and any of their affiliates, subcontractors, and any officers, directors, employees, or agents of these entities (collectively, Wells Fargo) will not be liable for any loss, cost, or expense for acting upon my instructions, if it follows reasonable procedures designed to prevent unauthorized transactions.

I understand that Wells Fargo and *EdVest* do not determine whether a distribution is qualified or not. 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 was processed, it may not be considered qualified by the IRS.

To complete the distribution, you must sign and date here or the request will be returned.

X _____
Signature of Account Owner, Custodian, Trustee, Partner, Officer, or authorized Financial Advisor* Print name Date

X _____
Signature of Co-Trustee, Partner, or Officer Print name Date

*The Financial Advisor must be preauthorized by the Account Owner to perform distributions on the account.

A Medallion Guarantee is required if you chose distribution method D or E in section 2 or if you would like a check mailed to a new address as indicated in section 1 of this form.

Affix Medallion stamp here:

X _____
Medallion Guarantee (if required)**

** 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. The words "**MEDALLION GUARANTEED**" must be stamped or typed near **each** of the signatures being guaranteed. The guarantee must appear with the name of the guarantor institution and the printed name, title, and signature of an officer of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**

Before you mail, have you: Completed section 1? Included a voided check (if applicable)?
 Requested a distribution amount and payment method in section 2? Obtained a **Medallion Guarantee** (if applicable)?
 Signed this distribution request in section 4? Included a tuition statement/bill (if applicable)?

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