

# EdVest<sup>SM</sup> Systematic Withdrawal Plan

Complete this form to establish a Systematic Withdrawal Plan (SWP) on 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 [www.EdVest.com](http://www.EdVest.com).



## 1 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Name of account owner, custodian (first, middle initial, last), or entity	Social Security/taxpayer ID 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/taxpayer ID 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 ACCOUNT INFORMATION

Your account must have a current minimum balance of \$5,000 to establish a SWP.

Choose one:

- Establish this plan on an **existing** EdVest account: \_\_\_\_\_  
Fund and account number
- or
- Establish this plan on a **new** EdVest account: \_\_\_\_\_  
Portfolio name
- A new Account Application must also be completed.**

## 3 PAYMENTS

Payment amount: \$ \_\_\_\_\_ (\$100 minimum)

Payment frequency (choose one):

- Monthly**, beginning (specify month and date): \_\_\_\_\_
- Periodically**, on the (specify date of month) \_\_\_\_\_ of the following months:
- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

**Future stop date (if applicable)\*:** Enter the **last** month and year you would like your SWP to cycle: \_\_\_\_\_  
Month/year

\*You may also terminate the SWP by submitting a request in writing or calling us at the phone number above.

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, the distribution will occur on the next business day. If the next business day falls in the next month, the distribution will cycle on the previous business day.

**Check the option you would like for receiving your SWP proceeds:**

- Make payment directly to an eligible educational institution.** Send payment by check to the mailing address listed below. *The distribution will be reported under the beneficiary's Social Security number.*

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

- Make payment directly to the account owner.** *The distribution will be reported under the account owner's Social Security number.*

- Send payment by check to the account owner's address listed in section 1 of this form.
- Electronically transfer the distribution via EFT to my bank account indicated on the enclosed voided check or my savings account listed below. (Generally, the proceeds will arrive at your bank within two banking days. Receipt of valid bank information and verification by your bank is required before your first distribution will be made by EFT.) I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement.
- Checking (attach a voided check)     Savings

Name of bank	ABA/routing number for Automated Clearing House (ACH)
Bank account registration	Bank account number


- Make payment directly to the designated beneficiary.** *The distribution will be reported under the beneficiary's Social Security number.*

- Send payment by check to the designated beneficiary's address listed in section 1 of this form.
- Electronically transfer the distribution via EFT to the designated beneficiary's bank account indicated on the enclosed voided check or his or her savings account listed below. (Generally, the proceeds will arrive at the bank within two banking days. Receipt of valid bank information and verification by the bank is required before the first distribution will be made by EFT.) I understand that this service is governed by the terms and conditions found in the Bank Information section of the new Account Application and the Program Description and Participation Agreement. **A Medallion Guarantee is required in section 5 of this form.**
- Checking (attach a voided check)     Savings

Name of bank	ABA/routing number for Automated Clearing House (ACH)
Bank account registration	Bank account number

- Make payment by check and mail directly to the third party listed below.** *The distribution will be reported under the account owner's Social Security number. A Medallion Guarantee is required in section 5 of this form.*

Name of individual or entity	Additional information (if applicable)		
Mailing address	City	State	ZIP code



**Include a voided check, if applicable, for the electronic funds transfer (EFT) 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.*

I certify that the information I have provided with respect to my *EdVest* account is true, complete, and correct. I authorize Wells Fargo to systematically withdraw the distribution from the *EdVest* account as indicated on this form. I understand that payments will be made by redeeming the appropriate number of shares in the account at the current net asset value, including any applicable fees. I further acknowledge that redemptions for the purpose of satisfying the SWP may reduce, or even deplete, the account. I understand that if the amount remaining in the account is not sufficient to meet a SWP payment, the remaining balance will be redeemed and the SWP will be terminated. I further understand that once the SWP is terminated, simply investing additional funds will not reinstate the SWP. I understand that I may also terminate the SWP by calling the toll-free number at the top of this form, or by submitting a request in writing. I agree to the terms set forth in the Program Description and Participation Agreement. I agree that the applicable Portfolio, Wells Fargo Funds Management, LLC, and their affiliates, subcontractors, and any officers, directors, employees, or agents of these entities (collectively "Wells Fargo") will not be responsible for banking system delays beyond their control.

**Continued on next page. ►**

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.

You must sign and date here to complete this request. A Medallion Guarantee may also be required.

X \_\_\_\_\_  
Signature of 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)

**HAVE ALL SIGNATURES MEDALLION GUARANTEED TO:**

- Send proceeds to a new address prior to the expiration of the 15-day hold;
- Send proceeds to the designated beneficiary's bank account; or
- Make proceeds payable to a third party other than the eligible educational institution.

*\*\*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