



DC College Savings Plan

DC College Savings Plan Distribution Form

If you need assistance completing this application contact us at 1-800-368-2745
or DC residents 1-800-987-4859.

Mail your completed form to: DC College Savings Plan, PO Box 219544, Kansas City, MO 64121-9544

1. Account Owner (Please type or print clearly) The person who owns the account, makes beneficiary designation and directs investments and withdrawals.

First Name	Middle Initial	Last Name
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number _____		

2. Designated Beneficiary

First Name	Middle Initial	Last Name
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

3. Distribution Instructions

This distribution is to be reported using the Social Security Number of: Account Owner Beneficiary

4. Distribution by Investment Option If you are making a partial distribution **and/or** have more than one investment option you must specify the amount to be withdrawn from each investment option, or your request will not be processed and will be returned to the Account Owner indicated in section one.

If you are taking the full amount and you have a systematic investment, do you want to continue future investments?

If **No** election is made, systematic investments will be turned off Yes No

	Partial (Provide Amount)	Full Amount
_____ Fund Name & Number/Account Number	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
_____ Fund Name & Number/Account Number	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
_____ Fund Name & Number/Account Number	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
Total	\$ _____	

5. Payment Instructions

- Make check payable to account owner and mail to address of record.
- ACH to Bank Account (This service must be previously established).
- Make check payable to the following institution or beneficiary and mail proceeds to the address listed below:

Institution/or Beneficiary Name

Street Address

City, State, Zip Code

