



Distribution Authorization Form

- Complete this form to request a full or partial Qualified or Non-Qualified Distribution from your Arizona Family College Savings Program (AFCSP) Account. The earnings portion of a Non-Qualified Distribution from your Account may be subject to Federal income tax and the Distribution Tax (as defined in the Disclosure Statement) as well as state and local income taxes. See the AFCSP Disclosure Statement (Disclosure Statement) for more information. For IRS purposes, please keep a copy of this completed form for your records as well as any receipts, invoices or other documents that substantiate Qualified Distributions. We are required to file IRS Form 1099-Q annually if you take a distribution from your Account.
- Please allow up to 30 days for processing requests for early CD redemption(s) and up to ten (10) business days for Savings and Accumulator Account distributions received in good order.
- A contribution must be on deposit with AFCSP for a period of ten (10) calendar days prior to distribution.
- If the address to which you've requested the distribution be sent has changed, or if you have changed your banking information in the last fifteen (15) calendar days, your distribution will be held until this waiting period has been satisfied.

NOTE: Distributions from your Account prior to the Maturity Date of the CD in which your Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

Forms can be downloaded from our website at www.collegesavings.com/arizona, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to: AFCSP c/o College Savings Bank PO Box 3769 Princeton, NJ 08543	For overnight or registered mail, send to: AFCSP c/o College Savings Bank 5 Vaughn Drive, Suite 100 Princeton, NJ 08540
--	---

1. Account Information

Account Number			
Telephone Number		Email	
Account Owner or Custodian First Name	MI	Last Name	Social Security Number
Joint Account Owner First Name	MI	Last Name	Social Security Number
Beneficiary's First Name	MI	Last Name	Social Security Number

2. Withdrawal Information

Account Type(s)	CD at Maturity	Distribution Amount	Select Distribution Type
Savings Account #:		<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 4, Reinvestment Option)	<input type="checkbox"/> Qualified*** (For a description of a Qualified Distribution see the Disclosure Statement.) <input type="checkbox"/> Non-qualified****
CollegeSure® CD Account #:	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 4, Reinvestment Option)	
InvestorSure® CD** Account #:	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 4, Reinvestment Option)	
1-Year Fixed Rate CD Account #:	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 4, Reinvestment Option)	
3-Year Fixed Rate CD Account #:	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____ (complete Section 4, Reinvestment Option)	

For requests made in November/December, specify for which calendar year you are requesting the distribution here _____. To avoid possible federal and/or state tax penalties, we recommend distributions be used in the same calendar year that expenses are paid.

* Distributions from your Account prior to the Maturity Date of the CD in which your Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

** Distributions from your Account prior to the Maturity Date of an InvestorSure CD is permitted on the anniversary date only.

*** The IRS and the Arizona Department of Revenue may require you to prove that your distribution is for qualified higher education expenses. Consult the IRS or your tax advisor for current documentation requirements.

3. Payment Information

Check(s) will be made payable to the Account Owner(s) or the Beneficiary and mailed to the address on file for the Account Owner(s). Checks will not be mailed directly to the school.

- Make check payable to Account Owner(s)
- Make check payable to Beneficiary

4. Reinvestment Option

If you are not withdrawing the entire balance of this year's maturing CD(s), specify below how you would like to reinvest the funds remaining in your Account. You will need to complete another Distribution Authorization Form each time additional funds are needed. A description of reinvestment options can be found at www.collegesavings.com/arizona. Reinvestments other than those identified in the Disclosure Statement as the default actions, could be considered your once per calendar year investment change.

Account Type(s)	Reinvestment Amount
Savings:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____
CollegeSure CD*: Maturities Available: 1 to 22 years Specify Maturity Year: 7/31/ _____	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____
InvestorSure CD*: (5-Year Maturity)	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____
1-Year Fixed Rate CD*:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____
3-Year Fixed Rate CD*:	<input type="checkbox"/> Entire Balance <input type="checkbox"/> Other \$ _____

*If you do not specify your reinvestment amount and your CD product(s) are at maturity, the default actions outlined in the Disclosure Statement will apply.

5. Signatures

If the Account is an UGMA/UTMA, the Custodian should sign above and write "custodian" after his/her name. Signatures are matched against the signature provided on the original Enrollment Form. If any signature does not match and/or a signature was not provided at enrollment, a signature guarantee is required. Do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. The lack of a required signature guarantee could delay this distribution.

I certify that I have read and understand, consent and agree to all terms and conditions of the Disclosure Statement and understand the rules and regulations governing distributions from my AFCSP Account. I also certify that the information set forth on this form is complete and correct and that the Taxpayer Identification Number or Social Security Number(s) set forth on this form is/are correct. I understand that distributions from my Account prior to the Maturity Date of the CD in which my Account is invested may result in Early Withdrawal Penalties as described in the Disclosure Statement.

Signature of Account Owner or Custodian	Date
Signature of Joint Account Owner	Date

Signature Guarantee for Account Owner or Custodian

Signature Guarantee for Joint Account Owner
--

[Page Left Blank Intentionally]