

Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly contributions to your DreamAhead account.
- You must have an open account to use this form. If you need to sign up, go online to www.DreamAhead.wa.gov/ or use an Enrollment Form before completing this form.
- We are required to file an IRS Form 1099-Q when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep any receipts for eligible expenses once the money from this account is used.
- A Medallion Signature Guarantee is required: (i) for withdrawal requests of \$50,000 or more; (ii) for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner or (iii) if the address on the account has been changed within the past 30 days (Step 9).
- Make sure you use black ink. Type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-844-529-5845 or
1-844-888-2253 (TTY)

Mail the form to:
DreamAhead College
Investment Plan
P.O. Box 9661
Providence, RI 02940-9661

Overnight Mail:
DreamAhead College
Investment Plan
4400 Computer Drive
Westborough, MA 01581

1 DreamAhead account information

Name of Account Owner (First and last)

____ _ — ____ _ — ____ _
Account Owner's Social Security or Taxpayer Identification Number

____ _ — ____ _ — ____ _
DreamAhead account number

2 Instructions

- Stop all monthly withdrawals from this account (skip to Step 8)
- Replace all monthly withdrawals from this account (complete Steps 3, 4, 5 and 8)
- Create a new monthly withdrawal from this account (complete Steps 3, 4, 5 and 8)

3 Monthly withdrawal setup

Tell us how much you want to withdraw from your account each month. There is a \$5 minimum withdrawal for each portfolio.

Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the Portfolio Options Appendix at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	\$ _____ , _____ . _____
Code	Portfolio name	\$ _____ , _____ . _____
Code	Portfolio name	\$ _____ , _____ . _____
Code	Portfolio name	\$ _____ , _____ . _____
Code	Portfolio name	\$ _____ , _____ . _____

_____ Withdrawal Day (1 – 28)* If you don't pick a date, we'll automatically make your withdrawal on the 1st of every month.	\$ _____ , _____ . _____ Total withdrawal amount
--	---

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

4 Payee Information

- Account Owner/Custodian
This will be the tax responsible party who will receive Form 1099-Q form.
- Beneficiary
This will be the tax responsible party who will receive Form 1099-Q form.
- Check to eligible Educational Institution or School (Continue to Step 7)
The Beneficiary will be the tax responsible party who will receive Form 1099-Q form.
Please note: There is a \$2.50 fee for withdrawals issued by check.

5 Delivery Information

- Deposit into bank account (Continue to Step 6)
- Check sent to mailing address listed on account (Continue to Step 8)

6 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Bank account type Checking Savings

Name on bank account
The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

Bank account holder signature
(If different from DreamAhead Account Owner/Custodian)

Bank name

____ _ _ _ _
Bank routing number

Bank account number

Need help?
You can find your bank information on the bottom of one of your checks here:

⑆000000000	⑆	00000000000	⑆ 1000
Routing Number		Account Number	

7 Eligible Educational Institution or School information

Only fill this information out if you are making a withdrawal to an eligible educational institution.

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school.

Eligible Educational Institution or School name

Student name, ID or other identifying information (Will only appear on the check)

Institution or School mailing address 1

Institution or School mailing address 2

City

State

ZIP Code

8 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly withdrawals from this account, or Replace all monthly withdrawals from this account:
 - I understand that all currently active monthly withdrawals from this account will be cancelled.
 - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal from this account, or Replace all monthly withdrawals from this account:
 - I understand this authorizes the Plan to initiate recurring withdrawals from my DreamAhead accounts, and either to: (i) make recurring deposits to my bank account, or (ii) send checks to my address on the Withdrawal Day each month for the total withdrawal amount.*
 - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 90% of my account balance, it will fail.
 - I may cancel these recurring monthly withdrawals by using this form.
- I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am an individual acting in a legal capacity as a representative of the Account Owner, or an Entity Account Owner, a Medallion Signature Guarantee appears on the next page.

Signature of Account Owner/Custodian/Authorized Representative
of Entity

Date (mm/dd/yyyy)

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2-5 business days.

9 A Medallion Signature Guarantee

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Details Booklet.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here

Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to www.DreamAhead.wa.gov or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio

Year of Enrollment

Conservative

Code	Portfolio Name
WAC38	Year of Enrollment 2038 - Conservative
WAC36	Year of Enrollment 2036 - Conservative
WAC34	Year of Enrollment 2034 - Conservative
WAC32	Year of Enrollment 2032 - Conservative
WAC30	Year of Enrollment 2030 - Conservative
WAC28	Year of Enrollment 2028 - Conservative
WAC26	Year of Enrollment 2026 - Conservative
WAC24	Year of Enrollment 2024 - Conservative
WAC22	Year of Enrollment 2022 - Conservative
WACEC	College Enrolled Conservative

Moderate

Code	Portfolio Name
WAM38	Year of Enrollment 2038 - Moderate
WAM36	Year of Enrollment 2036 - Moderate
WAM34	Year of Enrollment 2034 - Moderate
WAM32	Year of Enrollment 2032 - Moderate
WAM30	Year of Enrollment 2030 - Moderate
WAM28	Year of Enrollment 2028 - Moderate
WAM26	Year of Enrollment 2026 - Moderate
WAM24	Year of Enrollment 2024 - Moderate
WAM22	Year of Enrollment 2022 - Moderate
WACEM	College Enrolled Moderate

Growth

Code	Portfolio Name
WAA38	Year of Enrollment 2038 - Growth
WAA36	Year of Enrollment 2036 - Growth
WAA34	Year of Enrollment 2034 - Growth
WAA32	Year of Enrollment 2032 - Growth
WAA30	Year of Enrollment 2030 - Growth
WAA28	Year of Enrollment 2028 - Growth
WAA26	Year of Enrollment 2026 - Growth
WAA24	Year of Enrollment 2024 - Growth
WAA22	Year of Enrollment 2022 - Growth
WACEA	College Enrolled Growth