



Smart move.™

529 College Savings Plan

Distribution Form

Please Note: Use this form to request qualified or non-qualified distributions, or to make a rollover distribution to another 529 Plan by selling units in your 529 College Savings Plan account. Only one payee is allowed per Distribution Form. For example, if you are requesting a withdrawal for two qualified higher education expenses to be paid to two different payees, you must complete two separate Distribution Forms. If you are requesting a transfer to another IRS Sec. 529 Qualified Tuition Program, complete Section 4B. If you want to transfer a balance to another Beneficiary, please complete a Beneficiary Change Form.

If you have questions, please call your Financial Advisor or Fidelity at 800-248-4253 between 8:30 A.M. and 6:00 P.M. Eastern time, any day the New York Stock Exchange is open or visit our Web site at advisor.fidelity.com.

When completing this form, please type or print clearly in all CAPITAL LETTERS using black ink.

Please mail this completed form via regular mail to:

Fidelity Investments Institutional Operations Company, Inc. (FIIOC)
P.O. Box 770002, Cincinnati, OH 45277-0082

You can also mail this completed form via overnight delivery to:

Fidelity Investments Institutional Operations Company, Inc. (FIIOC)
100 Crosby Parkway, KC1G, Covington, KY 41015

1 PARTICIPANT AND BENEFICIARY INFORMATION

Please provide the following required information for the Participant and Beneficiary.

Participant/Trustee Name (First, Middle Initial, Last)

Social Security or Tax ID Number (required)

Trust Name (if applicable)

Trust Date (mm-dd-yyyy)

529 College Savings Plan Account Number

Daytime Telephone Number

Beneficiary's Name (First, Middle Initial, Last)

Beneficiary's Social Security Number (required)

2 FINANCIAL ADVISOR INFORMATION

You are required to have appointed a Financial Advisor as agent for you on your 529 College Savings Plan Account to execute investment and other instructions made by you or on your behalf. Please complete the information below for the Financial Advisor for your account.

Firm Name

Financial Advisor Name (First, Middle Initial, Last)

Telephone Number

Fax Number

3A DISTRIBUTION REASONS

If your distribution is being requested for one of the reasons listed below, please check the appropriate box in order to waive any applicable Contingent Deferred Sales Charges (CDSC) on your distribution. If no boxes are checked, it will be assumed your distribution is for a reason other than those listed and any applicable CDSC will apply.

- Tuition/Fees at an eligible educational institution.
- Room & Board for students who attend school at least half-time at an eligible educational institution.
- Books, supplies, and/or required equipment at an eligible educational institution.
- "Special needs services" incurred by a special needs beneficiary in connection with enrollment/attendance at an eligible educational institution.
- Death of the beneficiary (Please include a certified copy of a death certificate.)
- Disability of the beneficiary (Please include a doctor's note on doctor's letterhead certifying the disability.)
- Receipt of a scholarship by the beneficiary, so long as the distribution does not exceed the amount of the scholarship (Please include a copy of the letter from the party awarding the scholarship/grant.)

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3B DISTRIBUTION ALLOCATION

For each Portfolio* from which you wish to take your distribution, you must indicate in the spaces provided the Pool Number(s) and amount(s) to be distributed. If you wish to withdraw all of the assets from a Portfolio(s), fill in the Pool Number(s) and check the box to indicate a full Portfolio distribution. If you do not specify both Pool Number(s) and the dollar amount(s), you will need to resubmit your request before any distribution is made.

If you request a distribution from one or more Portfolios in which you do not have sufficient value to make the distribution, we will send you the entire value from the Portfolio(s) requested; however, we will not automatically withdraw the remaining amount from any other Portfolio. You must make a separate distribution request for the difference.

Pool Number	Amount	Full Distribution†	Pool Number	Amount	Full Distribution†
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>	4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>	5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>	6. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="checkbox"/>

Total Distribution
\$, .

* Certain portfolios are subject to redemption fees. Please read the Offering Statement for more details.

† If a Portfolio is fully distributed, any systematic investment program or dollar cost averaging program on that Portfolio will be cancelled.

4A DISTRIBUTION INSTRUCTIONS – PLEASE CHOOSE ONE

If you requested a distribution to pay for a qualified higher education expense and have attached a copy of your invoice or bill from a qualified educational institution, we will follow the payment instructions on your invoice or bill and mail the payment to the institution for you. You do not need to complete this section. However, if your distribution is not being sent directly to a qualified educational institution, please provide us with the payment information requested below.

- A. Distribute by check to address of record** – You must have your **signature guaranteed** in Section 6 if the distribution is greater than \$100,000.00.
- B. Distribute by check to payee address** – You must have your **signature guaranteed** in Section 6 if the distribution is greater than \$100,000.00. Additionally, a signature guarantee is required to send a check to a third party payee and/or address if the amount is greater than \$10,000.00. A third party is anyone other than the Participant, Beneficiary, or educational institution.

Payee Name (First, Middle Initial, Last)

Street Address

Apartment

City

State

ZIP Code/Postal Code

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- C. Electronic Payment via Bankwire (Bankwire feature already established)** – Payment will be wired to your bank account. Your bank may charge a fee for this transaction.
- D. Electronic Payment via Fidelity Advisor Money Line® (Fidelity Advisor Money Line feature already established)** – Payment will be sent to your bank account via the Automated Clearing House (ACH) and should be received by your bank in 2-3 business days. If Fidelity Advisor Money Line is not already established, then Fidelity will send the distribution by check to the address of record.
- E. Electronic Payment via Bankwire (Bankwire feature not currently established)** – Payment will be wired to your bank account. **Your bank may charge a fee for this transaction.** Please complete section 5. You must have your signature guaranteed in Section 6.

4B ROLLOVER INSTRUCTIONS – PLEASE CHOOSE ONE

If you are requesting a federal income tax-free Rollover into another IRS Sec. 529 Qualified Tuition Program please provide us with the payment information below.

- A. A Rollover check payable to the following company/plan and mailed to the Participant's address of record** – A signature guarantee is required to make a check payable to a third party payee if the amount is greater than \$10,000.00. A third party payee is anyone other than the Participant, Beneficiary, or educational institution. Once you receive the distribution check, you may forward it to your new 529 plan along with any required paperwork. Please note that your Rollover must be deposited within 60 days of the distribution.

Company/Plan Name

For the Benefit of: Name (First, Middle Initial, Last)

- B. A Rollover check payable to the following company/plan and mailed to a payee address** – A signature guarantee is required to make a check payable to a third party payee if the amount is greater than \$10,000.00. A third party payee is anyone other than the Participant, Beneficiary, or educational institution.

Company/Plan Name

For the Benefit of: Name (First, Middle Initial, Last)

Street Address

Apartment

City

State

ZIP Code/Postal Code

5 BANK INFORMATION/FIDELITY ADVISOR MONEY LINE®

This information will be used to establish the Bankwire feature for your account. Please complete this section if you selected Electronic Payment via Bankwire (feature not currently established on account) in Section 4A. You must have your signature guaranteed in Section 6.

Please tape a pre-printed voided check (separate from your investment check) over our sample.

JOHN SMITH 987
180 Main Street
Anytown, MA 01234

Date _____

Pay to the order of _____ \$ _____

Amount _____ Dollars

ANYBANK USA

Memo _____

⑆011123456⑆ 94100 14500⑈ 0987

Bank Routing Number Bank Account Number

6 AUTHORIZED SIGNATURE

- I authorize Fidelity to make the distribution in this instruction. I, the undersigned, agree that the statements made herein are true and correct. I hereby ratify these written instructions and any telephone and written instruction given pursuant to this authorization and agree that neither the 529 College Savings Plan nor Fidelity will be liable for any loss, liability, cost, or expense for acting upon such instruction. I understand that telephone calls to Fidelity may be recorded, and I consent to such tape recordings.
- I certify that I have not received a refund on any qualified distribution that I have taken from my 529 College Savings Plan account.
- I hereby authorize FIIOC, upon either receiving instructions from me, or the intermediary firm for my account, or in accordance with the instructions provided in Section 5 of this Form, to make payments of amounts representing redemptions by me, or distributions payable to me, or to secure payments of amounts to be invested by me, by initiating credit or debit entries to the account indicated in Section 5. I authorize and request the Bank indicated in Section 5 to accept such entries from FIIOC, and to credit or debit, as indicated, my account at that Bank in accordance with these entries. I hereby ratify any instructions given pursuant to this authorization and agree that neither the 529 College Savings Plan, nor FIIOC, will be liable for any loss, liability, cost or expense for establishing these privileges or acting upon such instructions. I acknowledge that this authorization may only be revoked by providing written notice of revocation to FIIOC, in such time and manner as to afford FIIOC and the Bank a reasonable opportunity to act upon it.

Please Print Participant/Trustee Name Below

Signature of Participant/Trustee

Date

Please Print Additional Trustee Name Below

Signature of Additional Trustee

Date

Signature Guarantee Stamp

Your signature must be guaranteed: (i) if you are requesting your distribution to be electronically transferred to your bank in Section 5 and establishing the Bankwire feature for your account; or (ii) for a distribution amount of more than \$100,000.00; or (iii) for a distribution amount more than \$10,000.00 if the check is made payable to a third party payee and/or address. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A signature guarantee may be executed by any "eligible guarantor." Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

**A Notary Public cannot provide a Signature Guarantee.
We cannot accept a notarization instead of a Signature Guarantee.**

Fidelity Investments & Pyramid Design and Fidelity Advisor Money Line are registered service marks of FMR Corp.