



529 EDUCATION SAVINGS PLAN

USAA 529 Education Savings Plan™ Distribution Request Form

Please complete this form to request a distribution from your USAA 529 Education Savings Plan (Plan) account. For help completing this form, call toll-free at 800-235-8396 or visit us at vcm.com.

Note: Contributions and rollovers by check, Automatic Investment Plan (AIP), or Electronic Funds Transfer (EFT), will not be available for withdrawal for seven (7) calendar days.

Note: If you submit this form within ten (10) business days of changing your address or the address of a Designated Beneficiary, your withdrawal may be held for ten (10) business days from the date of the address change before it will be mailed to the new address.

IMPORTANT INFORMATION. Federal law requires us to obtain, verify, and record your name, address, date of birth, and other information that will allow us to identify you when you open an account and in certain other circumstances.

1. Account Information. (please print)

Note: Social Security Numbers or taxpayer ID numbers are required in order for any request to be processed.

Account Number

Account Owner/Trustee/Custodian First Name

MI

Last Name

Name of Trust (if applicable)

Account Owner Social Security/Trust Taxpayer ID Number

Daytime Phone

Evening Phone

Beneficiary First Name

MI

Last Name

Beneficiary Social Security Number



* WITHDRAW FUNDS *

2. Reason and Method of Distribution (Check one)

Qualified withdrawal to an Eligible College or University. The withdrawal will be sent directly to the school at the address provided below to pay the Beneficiary's qualified higher education expenses. The distribution will be reported under the Beneficiary's Social Security number and the tax forms will be sent to the beneficiary's address of record.

[Grid of 25 empty boxes for Name of School]

Name of School

[Grid of 10 empty boxes for Student Identification Number]

Student Identification Number

[Grid of 25 empty boxes for Department/Office/Contact Name]

Department/Office/Contact Name

[Grid of 25 empty boxes for Address]

Address

[Grid of 12 empty boxes for City] [Grid of 2 empty boxes for State] [Grid of 5 empty boxes for Zip] - [Grid of 4 empty boxes]

City

State

Zip

Qualified withdrawal to the Account Owner. The check will be sent to the address of record to pay for the beneficiary's qualified higher education expenses and the distribution will be reported under the Account Owner's Social Security number.

Qualified withdrawal to the Beneficiary. The withdrawal will be used to pay for the Beneficiary's qualified higher education expenses. The Beneficiary will receive a check at the address of record on this account unless an alternate mailing address is provided below. The distribution will be reported under the Beneficiary's Social Security number and the tax forms will be sent to the beneficiary's address of record.

Alternate mailing address. To have the withdrawal sent to the Beneficiary at an address other than the address of record on the account, please complete the following:

[Grid of 25 empty boxes for alternate address]

Address

[Grid of 12 empty boxes for alternate City] [Grid of 2 empty boxes for alternate State] [Grid of 5 empty boxes for alternate Zip] - [Grid of 4 empty boxes]

City

State

Zip

Tax forms will still be sent to the address of record on the accounts.

Indirect rollover to another 529 Plan. The check will be made payable to the account owner and sent to the address of record, and it should be invested in another qualified 529 plan within the next 60 days.

Non-qualified withdrawal to the Account Owner. The withdrawal will not be used to pay for the Beneficiary's qualified higher education expenses. The check will be sent to the address of record and the distribution will be reported under the Account Owner's Social Security number.

Non-qualified withdrawal to the Beneficiary. The withdrawal will not be used to pay for the Beneficiary's qualified higher education expenses. The Beneficiary will receive a check at the address of record on this account unless an alternate mailing address is provided below. The distribution will be reported under the Beneficiary's Social Security number and the tax forms will be sent to the beneficiary's address of record.

Note: The earnings portion of a nonqualified withdrawal is subject to federal income tax, state income tax and possibly a 10% federal penalty unless you are requesting the withdrawal because the Beneficiary has died, and the withdrawal is to be paid to the beneficiary's estate, or the Beneficiary has become disabled, or received a scholarship or acceptance into a military academy.

All withdrawals are made by check. We cannot accept requests to wire or send funds using ACH from the USAA 529 Education Savings Plan.

3. Amount of Withdrawal (Check either total or partial withdrawal.)

Total withdrawal. Withdraw the entire amount held in all of the investment options in my Plan account, cancel my Automatic Investment Plan (if applicable), and close this account. (If you contribute to your Plan account through a payroll deduction or government allotment, you must notify your employer to cancel these and any future contributions.)

Partial withdrawal. (Check one.)

Withdraw this amount proportionately from among my current investment option(s).

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Withdraw a portion of my assets in the Plan account as follows.

Important: If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, Ascensus Broker Dealer Services, Inc. ("Program Manager"), will liquidate the entire balance in that option.

Investment Option	Dollar Amount (for partial amounts)	or Total Balance (Check if applicable.)
	\$ <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"/>
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4. Delivery Method (Check one of the following.)

If no option is selected, a check will be sent by First-class mail.

First-class mail. Check will be mailed via USPS.

Priority delivery. Not available for P.O. boxes or non-street addresses.

- A transaction charge of \$15 will be applied to your Account.
- Your distribution check should generally be received within three (3) business days of your trade date (no Saturday or holiday delivery).

5. Signature

Note: The information required on this form is necessary to process your disbursement. Your disbursement may be delayed if it is not complete.

To complete this form, you must sign and date below.

I authorize the Program Manager to process the disbursement from the Plan account indicated in this instruction. I agree that the Plan, Program Manager, Victory Funds and any of their affiliates, including any officers, directors, employees, or agents of these entities will not be liable for any loss, cost, or expense for acting upon my instructions.

- I certify that the information I have provided with respect to my USAA 529 Education Savings Plan account is true, complete, and correct.
- I have received, read, and agree to the terms set forth in the Plan Description and Participation Agreement.
- I have completed and agree to all Sections of this form.

Furthermore, I understand and agree that neither the Program Manager nor the Plan will determine whether any distribution is a qualified or non-qualified distribution. Receipts and other forms of substantiation do not need to be submitted to the Plan. I acknowledge that I am responsible for reporting this distribution in accordance with the IRS regulations, and further acknowledge that, even though this distribution was processed, it may not be deemed a qualified distribution by the IRS. Also, I understand and agree that I am solely responsible for any applicable federal and state taxes and penalties (including income tax, gift tax, and generation-skipping transfer taxes) which I may be subject to as a result of any distributions made pursuant to my instructions contained herein.

X

Account Owner/Trustee/Custodian Signature	Please Print Name	Date
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X

Co-Trustee Signature (sign only if a trust account)	Please Print Name	Date
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(If a Trust is the account owner, all Trustees must sign this form.)

The USAA 529 Education Savings Plan is a educational tuition savings program administered by the Board of Trustees of the College Savings Plans of Nevada, which is chaired by Nevada State Treasurer.

<p>Mailing address: USAA 529 Education Savings Plan P.O. Box 55354 Boston, MA 02205-5354</p>	<p>For overnight delivery or registered mail, send to: USAA 529 Education Savings Plan 95 Wells Ave Ste 155 Newton, MA 02459</p>
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Interests in the USAA 529 Education Savings Plan™ (Plan) are municipal fund securities issued by the Nevada College Savings Trust Fund (Trust). The value of an investment in the Plan will vary with market conditions. The Plan is administered by the Nevada State Treasurer, Zach Conine. Victory Capital (Victory Capital) provides investment management services, and Victory Capital Services, Inc. markets and distributes the Plan. Ascensus Broker Dealer Services, Inc. serves as the Program Manager as well as effects account owner transactions in the Plan. Interests in the Plan are not guaranteed by the Trust, the Plan, the state of Nevada, the Board or any other governmental entities, or any USAA, Victory or Ascensus entities and you could lose money.

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