

Please complete this form to request a distribution from your Victory Capital 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.

- [illegible]

[illegible][illegible]

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Zip

- 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:

[illegible]

-

Zip

☐ **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.

- 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.



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 Victory Capital 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 Victory Capital 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.

Mailing address:

Victory Capital 529 Education Savings Plan
P.O. Box 55354
Boston, MA 02205-5354

For overnight delivery or registered mail, send to:

Victory Capital 529 Education Savings Plan
95 Wells Ave Ste 155
Newton, MA 02459

Carefully consider the investment objectives, risks, charges and expenses of the Victory Capital 529 Education Savings Plan (Plan) before investing. Visit vcm.com/prospectus for a Plan Description and Participation Agreement containing this and other information about the Plan from Victory Capital Services, Inc., Underwriter and Distributor. Read it carefully before investing.

The Plan is sponsored by the state of Nevada, acting through the Trustees of the College Savings Plans of Nevada. Interests in the Plan are municipal fund securities issued by the Nevada College Savings Trust Fund. Anyone may invest in the Plan and use the proceeds for qualified education expenses in any state. **Before investing, consider whether any 529 plan offered by your home state or your beneficiary's home state offers state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that may not be available through the Plan.** Federal and state tax benefits may be conditioned on meeting certain requirements. If you withdraw money from the Plan for something other than qualified education expenses, you will owe federal income tax and may face a 10% federal tax penalty on earnings as well as state and local taxes. Consult a tax advisor.

Victory Funds and the Victory Capital 529 Education Savings Plan (Plan) are distributed, and brokerage services provided, by Victory Capital Services, Inc. (VCS).