



# ASC Guam College Savings Program Distribution Form

A valid photo ID must be attached to this request.

Your Name (Last Name, First Name)

Social Security Number

Beneficiary Name (Last Name, First Name)

Mailing Address

City

State/Territory

ZIP

Contact Number(s)

E-mail Address

## Distribution Selection

☐ **Partial Distribution** \$ \_\_\_\_\_ (net).

I understand that any applicable fees will be deducted from my account, therefore the amount distributed may be more than the amount indicated above.

☐ **Full Distribution**

Liquidate my entire account. I understand that any applicable fees will be deducted from this distribution.

## Distribution Reason

☐ This distribution will be used to pay for my beneficiary's qualified higher education expenses.

☐ This distribution will not be used to pay for my beneficiary's qualified higher education expenses.

## Payment Instructions

☐ Please issue a check payable to me.

☐ Please process an automatic deposit to my bank account (ACH). I understand that ASC Trust requires a bank certification or voided check in order to process an ACH credit to my account.

Bank Name

Contact Information

Bank Account Number

Bank Routing / ABA Number

By electing a Direct Deposit (ACH) and by signing below, I hereby authorize ASC TRUST LLC 1.) to initiate credit entries to the depository financial institution named above 2.) to initiate debit entries to adjust for processing errors. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

☐ Please issue a rollover check payable to the following company/plan:

Receiving Firm/Payee

Account Number

Address

**Signatures:** I certify the accuracy of the distribution reason selected above and I authorize the transaction. I agree to the terms of this Form and its instructions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I agree to indemnify and to hold the Custodian/Trustee harmless from any tax, penalty, or other liability resulting from his distribution. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional if I need advice.

Signature of Participant or Beneficiary

Date

Plan Administrator/Notary as Witness to Participant Signature

Date