



# 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 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

Account Type

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