

Withdrawal Request Form

Please complete this Form to request a withdrawal from your LoneStar 529 Plan® account. A separate Form must be completed for each Account from which you would like to make a withdrawal.

Print clearly, in CAPITAL LETTERS, and use black ink.
When requested, please color in circles completely.
For example: ● not ⊗ not ⊙

If you have questions or would like help completing this Form, please call us at **800-445-GRAD (4723), option #4**, Monday through Friday from 8am to 6pm Central Time. Return this Form and any required documents to:

LoneStar 529 Plan
P.O. Box 405010
Cincinnati, OH 45240

Fax to: **402-431-4452**

1 | ACCOUNT INFORMATION

The following information is needed for any type of withdrawal being requested.

Account Owner's or Custodian's name (First, M.I., Last or Full Entity Name)

Account number

Social Security/Taxpayer ID number

If Trust, Trustee name (First, M.I., Last)

Date of Trust (mm/dd/yyyy)

Street address

()

Daytime phone number

City

State

Zip

()

Evening phone number

Designated Beneficiary's name (First, M.I., Last)

Social Security/Taxpayer ID number

Street address

City

State

Zip

If you want your distribution check sent to an address that is not already on your account, you will need your signature guaranteed in Section 5.

2 | WITHDRAWAL INFORMATION

Please complete this section if you are requesting a withdrawal from your LoneStar 529 Plan.

Type of Withdrawal

- ☐ Qualified Withdrawal ☐ Nonqualified Withdrawal

Amount of Withdrawal

- ☐ **Full Withdrawal**— This distribution will liquidate all units of all portfolio(s) in my account but keep my account open
- ☐ **Full Withdrawal**—This distribution will liquidate all units of all portfolio(s) in my account and close it
- ☐ **Partial Withdrawal**—\$_____ This distribution amount will be liquidated proportionately from among all portfolios in my account
- ☐ **Partial Withdrawal**—As listed below:

Name of Portfolio Option

Dollar Amount

or Total Balance (fill in if applicable)

\$ _____

\$ _____

\$ _____

\$ _____

☐
☐
☐
☐
☐

Part A - Distribution to Account Owner

Indicate if the distribution should go to the Account Owner or the Beneficiary and the method of payment.

(Choose only one.)

- ☐ **Check Payable to the Account Owner and mailed to the address on record.**
- ☐ **Alternate Payee/Address –**
A guaranteed signature is required in Section 5 if an alternate payee or address is selected.

Individual's or Entity's full name

Address, City, State and Zip code

- ☐ **ACH to Account Owner – To a bank account on file.**

Bank Name

Account Number

- ☐ **ACH to Account Owner – New bank account –** Include a voided check and a signature guarantee in Section 5. Your bank account will be credited within three to five business days from the date this form is received in good order.

If I change banks, I agree to notify the LoneStar 529 Plan promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because the account has been closed, this service will be canceled by the LoneStar 529 Plan and I agree to return promptly any amount overpaid to me from a redemption of units. I understand that any of the features and privileges described herein may be modified, suspended or canceled by the LoneStar 529 Plan or the applicable portfolio at any time without notice and that all services described herein are subject to the terms of the LoneStar 529 Plan Description and Savings Trust Agreement, as amended from time to time, which I acknowledge I have received and read. I further agree that neither the LoneStar 529 Plan, Orion Advisor Solutions, Inc., nor any of its subsidiaries or affiliates, will be liable for any loss, liability, cost or expenses for acting upon my written instructions, except to the extent permitted by applicable law.

X

Signature(s) of Bank Account Owner(s)

X

Jim A Sample 123 Name Street Anywhere, USA 12345	1-23/456	00001
Pay to the order of	\$ 20	
		Dollars
Noname Bank USA		
For	VOID	
00001:23456789:0123456789012"		

We cannot establish options to transfer money electronically between your bank and your plan accounts without pertinent bank information.

Part B: Distribution to the Beneficiary

- ☐ **Check Payable to the Beneficiary and mailed to the address on record**
- ☐ **Check Payable to an Eligible Institution of Higher Education**

Name of eligible post-secondary institution

Student ID #

Address, City, State and Zip code

Part C: To Request Overnight Delivery

- ☐ **Additional cost which would be added to the amount specified in Section 2.**

4 | SIGNATURE AUTHORIZATION

I certify that the information I have provided with respect to my LoneStar 529 Plan account is true, complete and correct. I authorize Orion Advisor Solutions, Inc., including its subsidiaries and affiliates (Orion), to process the disbursement from the LoneStar 529 Plan account indicated in this instruction. I agree that the LoneStar 529 Plan, the applicable portfolio, Orion, and any officers, managers, directors, employees, or agents of Orion, will not be liable for any loss, cost, or expense for acting upon my instructions, if it follows reasonable procedures designed to prevent unauthorized transactions.

I understand that Orion and the LoneStar 529 Plan do not determine whether a withdrawal is qualified or not. 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 current IRS rules, including applicable penalties, and further acknowledge that, even though this withdrawal was processed, it may not be considered qualified by the IRS.

You must sign and date below to complete this application.

X

Signature of Account Owner, Custodian or Trustee

Date

5 | SIGNATURE GUARANTEE

A Signature Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions and brokerage firms.

A signature guarantee is required if you:

- Withdraw money and the check is payable to a third party other than an Eligible Institution of Higher Education or your Beneficiary; provided he/she resides at the address of record
- Withdraw more than \$100,000
- Are requesting a withdrawal and your or your beneficiary's address of record has changed within 30 days of the date of withdrawal
- Are requesting a withdrawal with payment to a bank whose information is not currently established on this account

Your signature(s) must correspond in every particular way, without alteration, with your name(s) as printed on the current account registration.

The words "SIGNATURE GUARANTEED" must be stamped or typed near the signature(s) being guaranteed. The guarantee must appear with the printed name, title and signature of an officer, and the name of the guarantor institution. A NOTARY PUBLIC STAMP OR SEAL IS NOT ACCEPTABLE.

Affix medallion stamp here.

Guarantor's name (if required)

X

Signature of guarantor

Middle initial

Last name

Title

Date

Before you mail, have you:

- ☐ Entered all Account Owner and Beneficiary information in Section 1
- ☐ Included a voided check or preprinted savings account deposit slip (if applicable)
- ☐ Signed your Withdrawal Request
- ☐ Obtained a signature guarantee (if applicable)

The LoneStar 529 Plan® (“Plan”) is administered by the Texas Prepaid Higher Education Tuition Board (“Board”). Orion Advisor Solutions, Inc. (“Orion”) is the manager of the Plan, which is distributed by Northern Lights Distributors, LLC and maintained by Ultimus Fund Solutions, LLC, neither of which are affiliated with Orion. The Plan and the Board do not provide legal, financial, or tax advice and you should consult a legal, financial, or tax advisor before participating.

Non-residents of Texas should consider whether their home state, or the beneficiary’s home state, offers its residents any tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for participants in that state’s plan.

Estimated total asset-based fees are available on the Allocation Worksheet at LoneStar529.com/Allocation-Worksheet and are published in the Plan Description and Savings Trust Agreement, which is reviewed annually. Fees are subject to change.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting LoneStar529.com or calling 800-445-GRAD (4723), option 4. Investors should read the Plan Description and Savings Trust Agreement, and all other Plan documents carefully before investing.

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