

Investment Portfolio Names		
Age-Based Investment Portfolio	Harbor Capital Appreciation Portfolio	MetWest Total Return Bond Portfolio
Capital Appreciation Portfolio	TIAA Large Cap Value Portfolio	Nuveen Strategic Income Portfolio
Conservative Allocation Portfolio	Ariel Portfolio	Nuveen Inflation-Linked Portfolio
Nuveen Alternative Income Portfolio	TIAA U.S. Small Cap Portfolio	TIAA Social Choice Equity Portfolio
TIAA Large Cap U.S. Equity Index Portfolio	Harding Loevner Global Equity Portfolio	TIAA Social Choice Bond Portfolio
Santa Barbara Dividend Growth Portfolio	Oakmark International Portfolio	Principal Plus Interest Portfolio
DFA Emerging Markets Portfolio	Nuveen Real Asset Income Portfolio	

4 Systematic Withdrawal Information *(Optional)*

By completing this section, you authorize MAP to systematically withdraw funds from your Account and to pay such amounts to the payee indicated in Section 2. These systematic withdrawals will continue with respect to each designated Investment Portfolio until the Investment Portfolio has insufficient funds to continue making these payments, or you advise MAP in writing to stop making such payments. **You must have a minimum Account balance of \$10,000 to initiate a systematic withdrawal.**

✓ **Select the amount of your systematic withdrawals.**

Tell us the Investment Portfolio(s) from which the withdrawals should be made, the Unit class(es) to be redeemed, and how much to withdraw from the designated Investment Portfolio(s) for each systematic withdrawal.

- Even if the Account holds only one Unit class in a designated Investment Portfolio, please identify the Unit class to be redeemed.
- If multiple Unit classes of a designed Investment Portfolio will be redeemed, provide the requested information on separate lines for each Unit class.

Investment Portfolio Name <i>(Investment Portfolio names listed in Section 2)</i>	Unit Class to be Redeemed	Indicate a specific amount																		
		\$																		
		\$																		
		\$																		
		\$																		
		\$																		
Total Systematic Withdrawal Amount		\$																		

✓ **Select the frequency of your systematic withdrawals.**

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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If "Quarterly" is selected, then your systematic withdrawals will occur in March, June, September, and December.

If "Monthly," please select the day each month that your systematic withdrawals will occur.

Day of the Month

If "Quarterly," please select the days in March, June, September, and December that your systematic withdrawals will occur.

	March	June	Sept	Dec
Date				

If "Other," please select the month(s) and days that your systematic withdrawals will occur (you must select at least one).

<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug.
<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Day of the Month

6 Signature and Certification *(This section must be signed or the withdrawal cannot be processed.)*

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete, and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this form and the Disclosure Booklet.

If this withdrawal is to pay for Qualified Higher Education Expenses, I further certify that:

The requested withdrawal will be used to pay for Qualified Higher Education Expenses of my Designated Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to MAP, or to any other qualified tuition program, for reimbursement or payment of this/these expenses by me or my Designated Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Designated Beneficiary for the applicable academic year have not exceeded the limitations described in the *Disclosure Booklet*.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (from all Investment Portfolios) but it will continue if I have only requested a partial withdrawal from my Account unless an *Account Information Change Form* accompanies this form.

If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

Contingent Deferred Sales Charge (CDSC). If redeemed within 12 months of purchase to satisfy a withdrawal or a Rollover, Class C Units are subject to a CDSC (generally excluding Units in the Principal Plus Interest Portfolio). The CDSC is 1.00% of either the purchase price of the redeemed Class C Units or the redemption proceeds, whichever is less. Class A Units may be subject to a CDSC under limited circumstances. Please see the *Disclosure Booklet* for information regarding applicable CDSCs.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am withdrawing my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

Signature of Account Owner or Authorized Representative of an Individual or Entity Account Owner

Date

Important Information

A Medallion Signature Guarantee is required in Section 6 for withdrawal requests of \$100,000, if the address on the Account has been changed within the past 30 days, or the Account was transferred to a new Account Owner in the past 30 days.

GUARANTOR TO AFFIX STAMP HERE

Mail This Form To:

Via regular mail:

MI 529 Advisor Plan
PO Box 55070
Boston, MA 02205-5070

Via overnight courier:

MI 529 Advisor Plan
c/o Boston Financial
30 Dan Road
Canton, MA 02021-2809

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