Independent 529 Plan
GUARANTEED TUITION at AMERICA'S PRIVATE COLLEGES

Physician's Certification of Designated Beneficiary's Total and Permanent Disability

Toll Free Phone: 1-888-718-7878
Mon-Fri 8 a.m. to 8 p.m. ET.
Web Site: www.Independent529Plan.org

A withdrawal due to the disability of the Designated Beneficiary may be made without paying a 10% additional federal tax penalty if the Beneficiary is "totally and permanently disabled." A Beneficiary is considered "totally and permanently disabled" if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. This form is used to certify such disability.

This completed and signed form must be attached to a completed and signed Withdrawal Form. If there are multiple Accounts for the same Designated Beneficiary, a copy of this form can be attached to subsequent withdrawal requests.

INSTRUCTIONS:

Section 1 — Designated Beneficiary:
This section is to be completed by the Designated Beneficiary or his/her legal representative if the Beneficiary is unable to do so because of his or her disability.

Section 2 — Physician Instructions:
You are being asked to complete and sign this form to certify that the Designated Beneficiary is totally and permanently disabled. The definition of "totally and permanently disabled" is satisfied if the Beneficiary is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. You may complete this form for the Designated Beneficiary only if you are a doctor of medicine or a doctor of osteopathy and are legally authorized to practice in a state of the United States. Sign the certification only if the Designated Beneficiary's condition meets the above definition of total and permanent disability.

1 Designated Beneficiary Information

To Be Completed by the Designated Beneficiary or Legal Representative

First Name | MI | Last Name

Street Address

City | State | Zip Code

Social Security Number or Tax Identification Number

Account No. 1001-

Home Phone

Business Phone

I certify that I have read and understood the definition of total and permanent disability above. I also certify that I meet the criteria of having a total and permanent disability above. I further certify that I have read and understood and agree with Section II of this form.

Signature

Date

Legal Relationship, if not Beneficiary

2 Physician Information

To Be Completed by the Certifying Physician

First Name MI Last Name

Street Address

City State Zip Code

Business Phone

Is the Designated Beneficiary unable to attend any post-secondary educational institution because he or she is totally and permanently disabled?

☐ Yes ☐ No

Physician Certification of Designated Beneficiary's Total and Permanent Disability:

I am a (check one) ☐ *doctor of medicine* ☐ *doctor of osteopathy* legally authorized to practice in the

State of _____ and my professional license number issued by the State is _____.

I hereby certify that the information contained in Section 2 of this form is, to the best of my knowledge and belief, true and correct.

_____ _____

Signature Date

3 Account Owner Mailing Instructions

Please make a copy of this completed form for your records and return this form attached to the completed Withdrawal Form. Please mail in the enclosed business reply envelope. If you do not have a business reply envelope, use a stamped envelope and send to:

Independent 529 Plan
P.O. Box 55191
Boston, MA 02205-8217

Tuition Plan Consortium, LLC
Program Sponsor
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Program Manager