K2C Withdraw Request
(For students not currently enrolled in SFUSD)

K2C will facilitate a requested transfer as quickly as possible, but the process could take up to 30 days.
Visit www.k2csf.org for the latest program rules and related instructions.

When closing your K2C Account, what would you like to do (check one)?

☐ Withdraw <u>all</u> personal contributions. I agree to stop making contributions including any recurring payments such as Bill Pay or Direct Deposit.

☐ Donate all personal contributions. I agree to stop making contributions including any recurring payments such as Bill Pay or Direct Deposit. K2C will send a thank you note as confirmation of your tax-deductible donation.

☐ Transfer <u>all</u> personal contributions and incentives from the K2C account into a 529 CA ScholarShare account. I agree to stop making contributions including any recurring payments such as Bill Pay or Direct Deposit. I agree to link my 529 CA ScholarShare account with K2C's online portal to allow K2C to continue to provide me with information and support.

Please fill out account information below for K2C to directly make the transfer to ScholarShare

ScholarShare 529 Account Number: _____

ScholarShare 529 Account Owner Name: _____

*If K2C is unable to successfully transfer funds electronically to the 529 ScholarShare account, a check with contributions only will be mailed to the address below payable to the student.

If chose the first option above (to withdraw), how would you like to receive your funds (check one)?

☐ Transfer to my bank account via Zelle
Use email and/or phone number associated with your Zelle account. If you are not registered for Zelle, you will receive instructions from the City and County of San Francisco's banking partner Bank of America on how to register. If K2C is unable to successfully transfer funds electronically into the above account, a check payable to the student will be mailed to the address below.

Email: _____

Phone Number: (_____) _____

☐ Mail a check payable to the student to the address listed below

Student Information:

First Name: _____Last Name: _____ Date of Birth: _____

Address:* _____

City: _____State: _____Zip Code: _____

SFUSD School: _____K2C Account:, beginning with #332201 _ _ _ _ _ _ _ _ _

*If your address has changed, please provide proof of new address, such as your utility bill, home or renters insurance, pay stub within 45 days, or other proof of residency.

Parent/Guardian, or participating students age 18+ Information

Relationship to Student: ☐ Parent/Guardian ☐ Self

Email: _____ Phone: (_____) _____

I declare under penalty of perjury that all information contained in this form is true, correct and complete. I certify that I am the legal parent/guardian, or participating student age 18+ of this K2C account.

Signature: _____

Print name: _____ Date: _____

Submit this form online at www.k2csf.org, or by email to k2c@sfgov.org, or by US mail to the address below.

Kindergarten to College • City and County of San Francisco P.O. Box 7338 • San Francisco, CA 94120