


CollegeBound 529

Incoming Rollover Form

Forms can be downloaded from our website at **www.collegebound529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.615.4116** any business day from 8 a.m. to 8 p.m. Eastern time.

 **1.877.615.4116**
8 a.m. to 8 p.m. Eastern Time M-F

 www.collegebound529.com

Regular mailing address:

CollegeBound 529
P.O. Box 55987
Boston, MA 02205-9722

Overnight mailing address:

CollegeBound 529
95 Wells Ave, Suite 155
Newton, MA 02459

1. Rollover type

- ☐ Rollover directly from a 529 college savings plan (529 Plan).
- ☐ Rollover from a Coverdell Education Savings Account (ESA).
- ☐ Rollover from the redemption of a Qualified U.S. Savings Bond Series EE issued January 1990 or later, or Series I Savings Bond (*indirect rollover*). (Complete **Sections 2, 4, and 5**).
- ☐ Reallocation from CollegeBound Saver. **Note:** This option is considered an Investment Option change and will count towards your twice per calendar year Investment Option change limit.
- ☐ Contribute assets that have been previously distributed from another 529 Plan (*indirect rollover*). (Complete **Sections 2, 4, and 5**).

2. CollegeBound 529 Account information

$\square\square\square\square\square\square\square\square\square - \square\square$

Account Number

$$\square\square\square - \square\square - \square\square\square\square$$

Account Owner's Social Security Number or Taxpayer Identification Number **(Required)**

[illegible]

Name of Account Owner (first, middle initial, last)

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number (In case we have a question about your Account.)

[illegible]

Name of Beneficiary (first, middle initial, last)

$$\square\square\square - \square\square - \square\square\square\square$$

Beneficiary Social Security Number or Taxpayer Identification Number **(Required)**



3. Instructions for Direct Rollovers

- Please provide current 529 Plan name or Coverdell Education Savings Account custodian financial institution information. (Not required for savings bonds.)
- We will contact the current 529 Plan or Coverdell Education Savings Account custodian to send the funds to us. Please ask the current 529 Plan or Coverdell Education Savings Account custodian if this request must be signature guaranteed and if so, complete **Section 6**.
- The account from which you are moving assets must have the same Account Owner name as well as Social Security Number or Taxpayer Identification number as your CollegeBound 529 Account. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager or custodian of the account from which assets are being redeemed for proper mailing address.

Account Number of 529 Plan or Coverdell Education Savings Account

Name of Current Coverdell Education Savings Account Custodian (If applicable - usually a financial institution)

Full Name of Current 529 Plan (If applicable)

Address

City

State

Zip Code

Contact Person

Telephone Number

☐ Check this box if the beneficiary on this account differs from the Beneficiary indicated in **Section 2**.

Check one.

- A. ☐ **Roll over all of the assets in my current 529 Plan or Coverdell Education Savings Account to CollegeBound 529.**
(To list more than two current Accounts, use a separate sheet.)

Current Account Number

\$

Estimated Account Value

Current Account Number

\$

Estimated Account Value

- B. ☐ **Roll over a portion of the assets as directed below to CollegeBound 529.**
(To list more than two Investment Options to roll assets out of, use a separate sheet.)

Current Account Number

Name of Investment Portfolio

\$

Amount

Current Account Number

Name of Investment Portfolio

\$

Amount

4. Instructions if Assets have been redeemed

Assets redeemed from another 529 plan, Qualified U.S. Savings Bond, or Coverdell Education Savings Account must be deposited within 60 days of the withdrawal. You must include a statement from the former institution certifying the breakdown of contributions and earnings of the amount transferred. Until such statement is provided, CollegeBound 529 will treat the entire deposit as earnings.

☐ Enclosed is a check made payable to CollegeBound 529 for

\$, .
Total Amount of Redemption

\$, .
Principal Amount of Redemption

\$, .
Earnings Amount of Redemption

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound 529 Program Description as it relates to this Incoming Rollover request.
- By signing below, I authorize CollegeBound 529 or its designee to roll over assets into CollegeBound 529 according to the instructions above.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account in question, and that this request is in the best interest of the Beneficiary.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets from my CollegeBound Saver Account for the same Beneficiary will count towards my twice per calendar year Investment Option change limit and I certify that no more than one Investment Option change has occurred during the calendar year.
- If rolling over assets from another 529 Plan to a new Beneficiary, I certify that the new Beneficiary is a "Member of the Family" (as defined in the CollegeBound 529 Program Description) of the current Beneficiary at the distributing 529 Plan.
- I further certify that if I have already taken a distribution of the rollover amount for contribution into a CollegeBound 529 Account, this request is within 60 days of the withdrawal.
- If I am requesting a direct rollover, by signing below, I authorize the current 529 Plan manager or custodian to liquidate my investment identified in **Section 3** and roll over the assets into the CollegeBound 529 Account indicated in **Section 2** of this form. I understand I may need a signature guarantee in **Section 6**.
- I understand that I cannot make additional contributions for a Beneficiary when the fair market value of all Accounts maintained for that Beneficiary within all programs offered by the State of Rhode Island exceeds \$520,000.
- I understand that the program manager, custodian or financial institution of the account from which assets are being rolled over is responsible for providing CollegeBound 529 with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, CollegeBound 529 will treat the entire contribution as earnings.
- I understand that rollovers or Beneficiary changes not meeting these conditions may result in the earnings portion of the contribution being considered a Non-Qualified Withdrawal subject to federal income tax and an additional 10% federal penalty tax, and may be subject to state or local income tax.

If the current 529 Plan manager or custodian of the account from which assets are being redeemed requires a Medallion Signature Guarantee, do not sign here. Please go to Section 6.

SIGNATURE

Signature of Account Owner

— —
Date (mm/dd/yyyy)

6. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current 529 plan manager or custodian of the account from which the assets are being redeemed requires a Medallion Signature Guarantee - please check with your current 529 plan manager or custodian. The lack of a required Signature Guarantee could delay this rollover.)

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

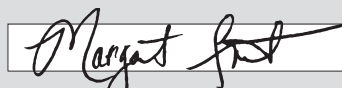
I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound 529 Program Description.

SIGNATURE
Signature of Account Owner
Signature Guarantor
Title
Name of Institution
<div> <div> <div></div> <div></div> </div> <div>—</div> <div> <div></div> <div></div> </div> <div>—</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> (mm/dd/yyyy)

Authorized Officer to place stamp here

7. Authorization and Acceptance *(No Account Owner action is necessary in this section.)*

CollegeBound 529 hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.


 Authorized signature, CollegeBound 529

INSTRUCTIONS TO 529 PLAN OR CUSTODIAN

Send redemption proceeds by check to **CollegeBound 529, P.O. Box 55987, Boston, MA 02205-9722**. Make the check payable to **CollegeBound 529**. Include the Account Owner name and the CollegeBound 529 Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.



James A. Diossa
Rhode Island General Treasurer

