





Incoming Rollover Form

- **For faster processing, you can initiate most rollover requests online.**
- Use this form to initiate a rollover directly from another qualified 529 plan to your Alaska 529 Account.
- Your rollover proceeds will be invested according to the Standing Allocation instructions on file at the time the assets are received.
- Complete a separate form for each Beneficiary and submit a new **Account Application** along with this form, unless you already have an Account for this Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.
- A Medallion signature guarantee may be required as described in **Section 5**.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

 **1-888-425-2752**
Monday - Friday 7 a.m. to 6 p.m.
Alaska Time

 **Alaska529plan.com**

Regular mailing address:
Alaska 529
PO Box 219865
Kansas City, MO 64121

Overnight mailing address:
Alaska 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Rollover Type

- Rollover from a 529 Plan
- Rollover from a Coverdell Education Savings Account (ESA)

2. Alaska 529 Account Information

Account Number (If you have not established an Account, complete and enclose an **Account Application**).

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Social Security Number or Taxpayer Identification Number (Required)

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Account Owner (First name) (Required) (M.I.)

Account Owner (Last name) (Required)

Telephone Number

Beneficiary (First name) (Required) (M.I.)

Beneficiary (Last name) (Required)

Beneficiary Social Security or Taxpayer Identification Number (Required)



* A K D I R I N C O M I N G R O L L O V E R *

3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

- 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 Alaska 529 Account. Please contact your current 529 Plan Manager or Custodian for proper mailing address.
- If you do not provide a breakdown of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Account Number of 529 Plan or ESA

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Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution)

Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution)

Address of Current 529 Plan Manager or Custodian

Address of Current 529 Plan Manager or Custodian

City

City

State

State

Zip Code

Zip Code

Contact Person

Contact Person

Telephone Number

Telephone Number

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

4. Instructions to Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the Financial Institution indicated in **Section 3**. 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 **Account Application**.

Check one. (To list more accounts, attach a separate sheet.)

A. **Roll over all of the assets in my Account to Alaska 529.**

Account Number

Account Number

\$ Estimated Account Value

Estimated Account Value

Account Number

Account Number

\$ Estimated Account Value

Estimated Account Value

B. **Roll over a portion of the assets as directed below to Alaska 529.**

Account Number

Account Number

Name of Investment Option

Name of Investment Option

\$ Amount

Amount

Account Number

Account Number

Name of Investment Option

Name of Investment Option

\$ Amount

Amount

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Alaska 529 Disclosure Document, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs.
- I certify that if this rollover is for the same Beneficiary, there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months.
- I certify that if this rollover is for a different Beneficiary, the Beneficiary on my Alaska 529 Account(s) that is receiving the rollover is a Member of the Family (as defined in the current Plan Disclosure Document). of the Beneficiary on the current 529 plan account I am rolling over.
- I hereby authorize this rollover and acknowledge that if my current 529 plan or I fail to provide the applicable earnings, the entire rollover will be treated as earnings.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 plan may require a Medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to Alaska 529. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a Medallion signature guarantee will be provided.

- 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.**
- **The lack of a required Medallion signature guarantee could delay this rollover.**

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 Alaska 529 Disclosure Document.

SIGNATURE

Signature of Account Owner (In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

Title

Name of Institution

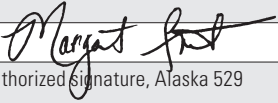
□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here

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

Alaska 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, Alaska 529

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Alaska 529, PO Box 219865, Kansas City, MO 64121**. Make the check payable to Alaska 529. Include the Account Owner name and Alaska 529 Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings applicable to this rollover.