Path2College 529 Plan

Incoming Rollover Form



Please read the Path2College 529 Plan Description for complete Rollover information before completing this form.

- Your rollover proceeds will be invested according to the allocation instructions you provide in **Section 4**. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new **Account Application** along with this form, unless you already have a Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Medallion Signature Guarantee may be required as described in **Section 5**.

To request assistance in completing this form call us at 1.877.424.4377, Monday through Friday from 8 a.m. - 8 p.m. ET.

	529 Plan Save for the future. Today.®	0

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(U !!!	1.877.424.4377 Monday to Friday 8 a.m. – 8 p.m.	ET

www.path2college529.com

Regular mailing address:

Path2College 529 Plan P.O. Box 219293 Kansas City, MO 64121-9293

Overnight mailing address:

Path2College 529 Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Rollover Type	
Rollover from a 529 Plan	
Rollover from an Education Savings Account (ESA)	
Path2College 529 Plan Account Information	
Account Number (If you have not established an Account, complete and enclose an Account Application).	
Social Security Number or Taxpayer Identification Number (<i>Required</i>)	
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)	



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

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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 Path2College 529 Plan Description, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs.
- I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 Plan accounts.
- Please call the Path2College 529 Plan at 1.877.424.4377 if you have any questions concerning this process.

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 Path2College. 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 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 Path2College 529 Plan Description.

Signature of Account Owner (In the presence of the authorized officer.)	=
Signature of Account Owner (in the presence of the authorized officer.)	
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-ww)	

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

Path2College 529 Plan 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.



INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Path2College 529 Plan, P.O. Box 219293, Kansas City, MO 64121-9293**. Make the check payable to Path2College 529. Include the Account Owner name and Path2College 529 Plan Account number (*if provided*) on the check and enclose a statement that shows the principal and earnings in the account.

