



ISave 529™

Incoming Rollover Form

- Complete this form to initiate a direct rollover from another qualified 529 plan or an education savings account to an existing account in the ISave 529 plan. **Important:** If you have not established an account, you must also complete and enclose an **Enrollment Form**. If you are moving assets from more than one account, complete a separate form for each.
- **Important:** Please contact the financial institution currently holding the assets to find out whether it has any additional requirements for rolling over these assets.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m. - 8 p.m. Central Time.

Return this form to:

ISave 529
P.O. Box 219219
Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:

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

1. Type of Rollover *(Check one.)*

- ☐ Transfer from a qualified 529 college savings plan.
- ☐ Transfer from an Education Savings Account (ESA).
- ☐ Transfer from the IAdvisor 529 plan. **Note:** This option is considered one of your two permitted annual exchanges.

2. ISave 529 Account Information

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

Account Number (If you have not established an Account, also complete and enclose an **Enrollment Form**.) (Required)

[illegible]

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

- -

Daytime Telephone Number

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

Evening Telephone Number

□ □

Name of Beneficiary (first, middle initial, last)

Last Four Digits of Beneficiary Social Security Number or Taxpayer Identification Number **(Required)**

REMEMBER TO SIGN IN SECTION 5.



ROLL IN IOWA

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 and Social Security number, individual Taxpayer Identification Number, or employer identification number as your ISave 529 account.** Please contact your current 529 plan manager or ESA custodian for the proper mailing address.

Account Number of 529 Plan or ESA

Name of Financial Institution (where your current 529 or ESA account is held)

Full Name of 529 Plan (If assets are in an ESA, leave blank.)

Address

City

State

Zip Code

Contact Person

Telephone Number

☐ Check this box if the Beneficiary on this Account *is different from* the Beneficiary indicated in **Section 2.**

4. Instructions to Your Current 529 Plan or ESA Custodian (Check one.)

The assets indicated below must all be held by the financial institution indicated in **Section 3.** If moving assets from more than one institution, fill out a separate form for each. Your rollover proceeds will be invested according to the allocation instructions on file at the time the assets are received. If you have not established an account, they will be invested according to your investment selection on the **Enrollment Form.**

(Check one.)

A. ☐ **Roll over all of the assets in my Account to my ISave 529 Account.** (To list more than two Accounts, use a separate sheet.)

Account Number of 529 Plan or ESA

Estimated Account Value

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Estimated Account Value

B. ☐ **Roll over a portion of the assets, as directed below, to my ISave 529 Account.** (To list more than two options, use a separate sheet.)

Account Number of 529 Plan or ESA

Name of Investment Portfolio

Estimated Account Value

Account Number of 529 Plan or ESA

Name of Investment Portfolio

Estimated Account Value

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Name of Investment Portfolio

Estimated Account Value

5. Signature — YOU MUST SIGN BELOW

Check with your current 529 plan manager or ESA custodian to determine if a signature guarantee—that is, underwritten certification that your signature is genuine—is required below to process this rollover. The lack of a required signature guarantee could delay this rollover.

If your current 529 plan manager or ESA custodian requires a signature guarantee, do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.

I certify that I have received and read the ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing direct rollovers from other 529 plans and ESAs. I understand that IRS regulations permit only one direct or indirect rollover for the same Beneficiary in a 12-month period for 529 accounts.

➤
Signature of Account Owner

— —
Date (mm-dd-yyyy)

Signature Guarantee — IF APPLICABLE

➤
Signature Guarantor

Title


Name of Institution

— —
Date (mm/dd/yyyy)

Authorized Officer to place stamp here

6. Authorization and Acceptance *(ISave 529 will complete this section.)*

ISave 529 hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds into the account established on behalf of the Account Owner named in **Section 2** herein.



Authorized signature, ISave 529

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to: ISave 529, P.O. Box 219219, Kansas City, MO 64121-9219. **Make the check payable to ISave 529. Include the Account Owner's account number on the check, and enclose a statement from the distributing financial institution detailing a breakdown of contributions and earnings in your previous 529 plan account or ESA.**