

2. Current 529 Program 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 account with IDEal.

Account Number of 529 Plan or ESA

Account Number of 529 Plan or ESA

Name of Current Plan Manager or Custodian (usually a financial institution)

Name of Current Plan Manager or Custodian (usually a financial institution)

Address

Address

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 1**.

3. Instructions to Your Current 529 Program Manager or ESA Custodian

The assets described below must all be held by the financial institution indicated in **Section 2**. If you are 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 what you choose on the Enrollment Form.

(Check one.)

A. **Roll over all of the assets in my account.** (To list more than two accounts, use a separate sheet.)

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 list more than three options, use a separate sheet.)

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Dollar Amount

Dollar Amount

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Dollar Amount

Dollar Amount

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Dollar Amount

Dollar Amount

4. Signature — YOU MUST SIGN BELOW

If your current plan manager or custodian requires a Signature Guarantee, do not sign below until you are in the presence of an 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. The lack of a required Signature Guarantee could delay this rollover.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the IDeal Highlights Booklet and Disclosure Statement, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings accounts. I understand that IRS regulations permit only one such 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 of Guarantor

Title

Name of Institution

- -
Date (mm/dd/yyyy)

Authorized Officer to place stamp here

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

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

Authorized signature, IDeal – Idaho College Savings Program

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **IDeal–Idaho College Savings Program, P.O. Box 219944, Kansas City, MO 64121.** Make the check payable to **IDeal–Idaho College Savings Program.** Include the Account Owner name and IDeal Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.

Accounts in IDeal are not insured by the State of Idaho and neither the principal deposited nor the investment return is guaranteed by the State of Idaho.