IDeal - Idaho College Savings Program

Incoming Rollover Form



- Complete this form to initiate a direct rollover from another 529 plan or an education savings account (ESA) to an existing account in IDeal. (If you have not established an account, you must also complete and enclose an Enrollment Form.)
- Print clearly, preferably in capital letters and black ink. Do not staple.

Forms can be downloaded from our website at **www.idsaves.org**, or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form in the enclosed postage-paid envelope, or mail to:

IDeal – Idaho College Savings Program P.O. Box 219944 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

IDeal – Idaho College Savings Program 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

IDeal Account information
Account Number (If you have not established an account, also complete and enclose an Enrollment Form .)
Social Security Number or Taxpayer Identification Number
Name of Account Owner (first, middle initial, last)
Daytime Telephone Number Evening Telephone Number
Name of Designated Beneficiary (first, middle initial, last)
Beneficiary Social Security Number or Taxpayer Identification Number (Required)



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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	
Signature of Account Owner	Date (mm/dd/yyyy)
Signature Guarantee — IF APPLICABLE	Authorized Officer to place stamp here
SIGNATURE	Authorized Officer to place stamp here
Signature of Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	
Authorization and acceptance (No Account Owner action is necessar	ry in this section)
Deal hereby agrees to accept the rollover described herein and upon receipt will deposit the	
named herein.	'
Marsat St	
Authorized signature, IDeal – Idaho College Savings Program	
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INSTRUCTIONS TO CUSTODIAN	
Send redemption proceeds by check to IDeal—Idaho College Savings Program, P.O. Bo. Make the check payable to IDeal—Idaho College Savings Program. Include the Account on the check and enclose a statement that shows the principal and earnings in the Account.	Owner name and IDeal Account number (if provided)

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.