Indiana529 Advisor Savings Plan

Incoming Rollover Form

Indiana529

Advisor Savings Plan

- Complete this form to initiate a direct rollover from another 529 plan or an Education Savings Account (ESA) to an existing Account in the Indiana529 Advisor Savings Plan (Indiana529 Advisor). (If you have not established an Account, you must also complete and enclose an *Enrollment Form,* available at *www.indiana529advisor.com*.)
- Once every 12 months you may roll over assets from the same Beneficiary. You may also roll over assets at any time when you change your Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.indiana529advisor.com**, or you can call us to order any form—or request assistance in completing this form— at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. E.T.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:		
Indiana529 Advisor Savings Plan	Indiana529 Advisor Savings Plan		
P.O. Box 219354 Kansas City, MO 64121	1001 E 101st Terrace, Suite 200 Kansas City, MO 64131		
Rollover type			
Transfer from 529 college savings plan (529 Plan)	Transfer from Education Savings Account (ESA)		
Indiana529 Advisor account information			
Account Number (If you have not established an Account, also complete and enclosed	se an Enrollment Form.)		
Social Security Number or Taxpayer Identification Number (<i>Required</i>)			
Name of Account Owner (first, middle initial, last)			
Telephone Number			
Email			
Name of Beneficiary (first, middle initial, last)			
Beneficiary Social Security Number or Taxpayer Identification Number (<i>Required</i>)			



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

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 Indiana529 Advisor. Please contact your current 529 Plan Manager or Custodian for proper mailing address.

Account Number of 529 Plan or ESA	
Name of Current 529 Plan Manager or Custodian <i>(Usually a financial institution)</i>	
Full Name of 529 Plan <i>(If applicable)</i>	
Address	
City	State Zip Code
Contact Person	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 Enrollment Form.

Check one.

Α.

B.

Roll over all of the assets in my Account to Indiana529 Advisor. (To list more than two Accounts, use a senarate sheet.)

separate shee	SE	Jaic	ile s	silee
---------------	----	------	-------	-------

	\$,
Account Number	Estimated Account Value
Account Number	\$

Roll over a portion of the assets as directed below to Indiana529 Advisor. (To list more than two options,

use a separate sheet.)

Account Number	Name of Investment Portfolio
S	
Account Number	Name of Investment Portfolio
S	

Instructions if Assets have been redeemed 5.

Assets redeemed from another 529 plan, Qualified U.S. Savings Bond, or ESA must be deposited within 60 days of the withdrawal. You must include a statement from the former institution certifying the breakdown of contributions and earnings of the amount transferred. Until such statement is provided, Indiana529 Advisor will treat the entire deposit as earnings.

Enclosed is a check made payable to Indiana529 Advisor for	S,,,,,,,
	\$,,,, Principal Amount of Redemption

6. Signature — YOU MUST SIGN BELOW

If your current 529 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.

\$

Earnings Amount of Redemption

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Indiana529 Advisor Savings Plan 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/vvvv)

Medallion Signature Guarantee - IF APPLICABLE.

SIGNATURE	Authorized Officer to place stamp here
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

Note: Medallion Signature Guarantee cannot be faxed to Indiana529.

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

The Indiana529 Advisor Savings 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.

arrat

Authorized signature, Indiana529 Advisor Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to Indiana529 Advisor Savings Plan, P.O. Box 219354, Kansas City, MO 64121. Make the check payable to Indiana529 Advisor Savings Plan. Include the Account Owner name and the Indiana529 Advisor Savings Plan. Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.