



### 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 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

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian (Usually a financial institution)

Name of Current 529 Plan Manager or Custodian (Usually a financial institution)

Full Name of 529 Plan (If applicable)

Full Name of 529 Plan (If applicable)

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 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.

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

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Estimated Account Value

Estimated Account Value

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Estimated Account Value

Estimated Account Value

**5. Instructions if Assets have been redeemed**

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

\$ , .

Total Amount of Redemption

\$ , .

Principal Amount of Redemption

\$ , .

Earnings 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.**

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/yyyy)

**Medallion Signature Guarantee - IF APPLICABLE.**

SIGNATURE

Signature Guarantor

Title

Name of Institution

-  -


Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

**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.

**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.