CollegeChoice 529 Direct Savings Plan

Incoming Rollover Form

CollegeChoice 529 DIRECT 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 CollegeChoice 529 Direct Savings Plan (CollegeChoice 529). *(If you have not established an Account, you must also complete and enclose an **Enrollment Form** or enroll online at **www.collegechoicedirect.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.collegechoicedirect.com,** or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

CollegeChoice 529 Direct Savings Plan
P.O. Box 55767
Boston, MA 02205

For overnight delivery or registered mail, send to:

CollegeChoice 529 Direct Savings Plan
95 Wells Ave., Suite 155
Newton, MA 02459-3204

1. Rollover type

☐ Transfer from 529 college savings plan (529 Plan)

☐ Transfer from Education Savings Account (ESA)

2. CollegeChoice 529 account information

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

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Social Security Number or Taxpayer Identification Number ***(Required)***

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

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Telephone Number *(In case we have a question about your Account.)*

Name of Beneficiary *(first, middle initial, last)*

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Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

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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 CollegeChoice 529. 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 *(Usually a financial institution)*

Full Name of 529 Plan *(If applicable)*

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.

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

Account Number — $ Estimated Account Value

Account Number — $ Estimated Account Value

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

Account Number — Name of Investment Portfolio

$ Dollar Amount

Account Number — Name of Investment Portfolio

$ Dollar Amount

5. 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 CollegeChoice 529 Direct 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)*

Signature Guarantee — IF APPLICABLE

SIGNATURE

Signature Guarantor

Title

Name of Institution

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

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

The CollegeChoice 529 Direct 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, CollegeChoice 529 Direct Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **CollegeChoice 529 Direct Savings Plan, P.O. Box 55767, Boston, MA 02205.** Make the check payable to **CollegeChoice 529 Direct Savings Plan.** Include the Account Owner name and the CollegeChoice 529 Direct Savings Plan Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.

CollegeChoice529 DIRECT SAVINGS PLAN

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