Indiana529 Direct Savings Plan

Additional Contribution Form

Indiana529 Direct Savings Plan

- Complete this form to make additional contributions to your Indiana529 Direct Savings Plan (Indiana529) Account by check or indirect rollover.
- For your contribution to be invested, you must clearly print all required information and include a check payable to **Indiana529 Direct Savings Plan** for an amount matching the amount below.
- 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.
- Contributions made between January 1 and the tax filing deadline may be designated for the prior tax year. See Indiana Department of Revenue Bulletin #98 for details. To make this election, please check the box below or contact the Plan. If the prior year box is not checked, the deposit will be processed for the current year.
- 3rd Party Contributions should be submitted using Ugif529.com or by Check in order for the contributor to claim the Tax Credit.
- Contributions made between January 1 and the tax filing deadline of the current year may be designated for the prior tax year. See Indiana Department of Revenue Bulletin #98 for details. To make this election, please check the box below or by calling **1.866.485.9415**.

Note: Your contribution will be invested according to the standing allocation instructions on file for your Account at the time this form is received in good order.

Forms can be downloaded from our website at **www.indiana529direct.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. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Indiana529 Direct Savings Plan Disclosure Booklet.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:
Indiana529 Direct Savings Plan **P.O. Box 219418** **Kansas City, MO 64121**	**Indiana529 Direct Savings Plan** **1001 E 101st Terrace, Suite 200** **Kansas City, MO 64131**

☐☐☐☐☐☐☐☐☐ – ☐☐

Account Number (Include your account number on your check.)

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

Name of Beneficiary (first, middle initial, last)

* I N D I R A D D L C O N T R I B *

Source of Funds. *(Your additional contributions must be at least $10.)*

A. ☐ **Prior Year Contribution**

B. ☐ **Personal check. Important:** All checks must be made payable to **Indiana529 Direct Savings Plan**.

$ ☐☐☐,☐☐☐.☐☐
Amount

C. ☐ **Indirect rollover from another qualified 529 plan, an Education Savings Account (ESA), or qualified U.S. savings bond.**

- Indirect rollover from another 529 plan or an Education Savings Account (ESA)—Enclose documentation from the distributing financial institution detailing a breakdown of contributions and earnings.
- Indirect rollover from qualified U.S. Savings Bond—Please attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption. In order to claim the state tax credit associated with a bond redemption, you must contact a Client Service Representative at 1-866-485-9413 to inform us of the redemption.

Important: If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a Non-Qualified Distribution from your Indiana529 Account.

$ ☐☐☐,☐☐☐.☐☐
Contributions

$ ☐☐☐,☐☐☐.☐☐
Earnings