Indiana529 Direct Savings Plan

Indiana529

Direct Savings Plan

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 the
 Indiana529 Direct Savings Plan (Indiana529). (If you have not established an Account, you must also complete and enclose an Enrollment
 Form or enroll online at www.indiana529direct.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.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. E.T.

Return this form and any other required documents to:

.S 10.

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

| 1. | Rollover type |
|----|--|
| | Transfer from 529 college savings plan (529 Plan) Transfer from Education Savings Account (ESA) |
| 2. | Indiana529 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 <i>(Required)</i> |
| | Name of Account Owner (first, middle initial, last) |
| | Telephone Number (In case we have a question about your Account.) |
| | Name of Beneficiary (first, middle initial, last) |
| | Beneficiary Social Security Number or Taxpayer Identification Number (<i>Required</i>) |

DO NOT STAPLE

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 Taxpaye Identification number as your Account with Indiana529. 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 . | | | |
| 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. (To list more than two Accounts, use a separate sheet.) Account Number Stimated Account Value | | | |
| Account Number \$ | | | |
| B. Roll over a portion of the assets as directed below to Indiana529. (To list more than two options, use a separate sheet.) | | | |
| Account Number Name of Investment Portfolio | | | |
| \$ Dollar Amount | | | |
| Account Number Name of Investment Portfolio | | | |
| \$ Dallar Amount | | | |

5. Signature — YOU MUST SIGN BELOW

If your current 529 Plan Manager or Custodian requires a Medallion 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 Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion 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 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) |
|---|--|
| Medallion Signature Guarantee — IF APPLICABLE | Authorized Officer to place stamp here |
| SIGNATURE | |
| Signature Guarantor | |
| Title | |
| Name of Institution | |
| | |

Note: Medallion Signature Guarantee cannot be faxed to CollegeChoice 529.

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

The Indiana529 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, Indiana529 Direct Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Indiana529 Direct Savings Plan**, **P.O. Box 219418**, **Kansas City**, **M0 64121**. Make the check payable to **Indiana529 Direct Savings Plan**. Include the Account Owner name and the Indiana529 Direct Savings Plan Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.

Indiana 529
Direct Savings Plan

[PAGE LEFT BLANK INTENTIONALLY]