

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. 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. (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. (To list more than two options, use a separate sheet.)

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Dollar Amount

Dollar Amount

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Dollar Amount

Dollar 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

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 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, MO 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.

[PAGE LEFT BLANK INTENTIONALLY]