

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 KY Saves 529 Account. Please contact your current 529 Plan Manager or Custodian for proper mailing address.
If you do not provide a breakdown of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

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 of Current 529 Plan Manager or Custodian

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 KY Saves 529. (To list more than two current 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 KY Saves 529. (To list more than two options, use a separate sheet.)

Account Number Name of Investment Portfolio

Amount

Account Number Name of Investment Portfolio

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. Please call KY Saves 529 at 1.855.840.4855 if you have any questions concerning this process.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the KY Saves 529 Program Description, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs. I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 Plan accounts.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature Guarantee — IF APPLICABLE

If Signature Guarantee is needed you cannot fax in this form.

SIGNATURE

Signature of 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.)*

KY Saves 529 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, KY Saves 529

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **KY Saves 529, P.O. Box 56014, Boston, MA 02205-6014**. Make the check payable to KY Saves 529. Include the Account Owner name and KY Saves 529 Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.