





**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 1-877-598-7878 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.

[THIS PAGE LEFT INTENTIONALLY BLANK]