

Achieve Montana Rollover Form



- Complete this form to initiate a direct rollover from another Section 529 college savings plan (529 Plan), Education Savings Account (ESA), or qualified U.S. savings bond to Achieve Montana. *If you have not opened an Account, you must also complete and enclose an **Enrollment Form** or enroll online at **achievemontana.com**.*
- You may roll over assets for the same Beneficiary once every 12 months. 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 **achievemontana.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.486.9271** any business day from 7 a.m. to 6 p.m. Mountain Time.

Return this form and any other required documents to:	Phone Number: 1.877.486.9271
Achieve Montana	Hours: 7 a.m. to 6 p.m. Mountain Time
P.O. Box 219448	Monday through Friday
Kansas City, MO 64121-9448	Website: achievemontana.com

1. Rollover type

- Rollover from a 529 Plan.
- Rollover from an ESA.
- Re-allocation from an account in the Montana Family Education Savings Program Bank Plan. **Note:** This option is considered an exchange and will count towards your up to twice per calendar year exchange limit.

2. Achieve Montana Account information

Account Number (If you have not opened an Account, also complete and enclose an **Enrollment Form**.)

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Social Security Number or Taxpayer Identification Number (Required)

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

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

Name of Joint Account Owner (If applicable)

Name of Joint Account Owner (If applicable)

Telephone Number (In case we have a question about your Account.)

Telephone Number (In case we have a question about your Account.)

Name of Beneficiary (first, middle initial, last)

Name of Beneficiary (first, middle initial, last)

Beneficiary Social Security Number or Taxpayer Identification Number (Required)

Beneficiary Social Security Number or Taxpayer Identification Number (Required)



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 Achieve Montana Account. Please contact your current 529 Plan Manager or Custodian for the 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 529 Plan Manager or Custodian 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 opened 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 the Achieve Montana Account(s) listed below. (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 the Achieve Montana Account(s) listed below. (To list more than two options, use a separate sheet.)

Account Number

Account Number

Name of Investment Option

Name of Investment Option

Amount

Amount

Account Number

Account Number

Name of Investment Option

Name of Investment Option

Amount

Amount

5. Signature — ALL ACCOUNT OWNERS 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.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Achieve Montana 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

Signature of Joint Account Owner (If applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature Guarantee — IF APPLICABLE

SIGNATURE

Signature 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.)

Achieve Montana 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, Achieve Montana

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Achieve Montana, P.O. Box 219448, Kansas City, MO 64121-9448**. Make the check payable to **Achieve Montana**. Include the Account Owner name and the Achieve Montana Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.

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