DO NOT STAPLE

College SAVE™
Picture the Future

Incoming Rollover Form

- Print clearly, preferably in capital letters and black ink.
- Complete this form to initiate a direct rollover from another 529 plan or an education savings account (ESA) to an existing account in College SAVE. *(If you have not established an account, you must also complete and enclose an **Enrollment Form**.)*

Forms can be downloaded from our website at **www.collegesave4u.com**, or you can call us to order any form – or request assistance in completing this form – at **1.866.SAVE.529 (866.728.3529)** any business day from 8 a.m. to 8 p.m. ET.

Return this form to:
College SAVE
P.O. Box 219781
Kansas City, MO 64121-9781

For overnight delivery or registered mail, send to:
College SAVE
920 Main Street, Suite 900
Kansas City, MO 64105

1. College SAVE 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

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

☐☐☐ – ☐☐☐ – ☐☐☐☐
Daytime Telephone Number

☐☐☐ – ☐☐☐ – ☐☐☐☐
Evening Telephone Number

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Name of Designated Beneficiary *(first, middle initial, last)*

☐☐☐ – ☐☐ – ☐☐☐☐
Designated Beneficiary Social Security Number or Taxpayer Identification Number

2. Current 529 Plan Manager or ESA Custodian

The account from which you are moving assets must have the same participant name as well as Social Security number or individual taxpayer identification number as your account with College SAVE.

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian *(Usually a financial institution)*

Address

City | State | Zip Code

Contact Person | Telephone Number

☐ Check this box if the designated beneficiary on this account is *different* from the designated beneficiary indicated in **Section 1**.

3. Instructions to Your Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the financial institution indicated in **Section 2**. If you are moving assets from more than one institution, fill out a separate form for each. Your rollover proceeds will be invested according to the 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 list more than two 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 list more than three options, use a separate sheet.)*

Account Number | Name of Investment

☐ All or $ ___,___.__ Dollar Amount

Account Number | Name of Investment

☐ All or $ ___,___.__ Dollar Amount

Account Number | Name of Investment

☐ All or $ ___,___.__ Dollar Amount

4. Signature — YOU MUST SIGN BELOW

If your current plan manager or custodian requires a Signature Guarantee, do not sign below until you are in the presence of the 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 the College SAVE Plan Disclosure Statement and Participation Agreement, 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 designated beneficiary in a 12-month period for 529 accounts.

▶SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Signature Guarantee — IF APPLICABLE

▶SIGNATURE

Signature of Guarantor

Title

Name of Institution

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Authorized Officer to Place Stamp Here

5. Authorization and acceptance *(No Participant action is necessary in this section.)*

College SAVE hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the account established on behalf of the individual named herein.

Authorized signature, College SAVE

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **College SAVE, P.O. Box 219781, Kansas City, MO 64121.** Make the check payable to College SAVE. Include the Participant's Social Security Number or individual taxpayer identification number on the check and enclose a statement that shows the principal and earnings in the account.

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