



**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 Scholar's Edge 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

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 of Current 529 Plan Manager or Custodian

Address of Current 529 Plan Manager or Custodian

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 Scholar's Edge. (To list more than two current 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 Scholar's Edge. (To list more than two options, use a separate sheet.)

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

Account Number

Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

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 Scholar’s Edge at 1.866.529.SAVE (1.866.529.7283) 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 Scholar’s Edge Plan Description and Participation Agreement, 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.)*

Scholar’s Edge 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, Scholar’s Edge

**INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **Scholar’s Edge, PO Box 219798, Kansas City, MO 64121-9798**. Make the check payable to Scholar’s Edge. Include the Account Owner name and Scholar’s Edge Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.