Scholars Choice Education Savings Plan®

Incoming Rollover Form

Please read the Scholars Choice Education Savings Plan Description for complete rollover information before completing this form.

- Your rollover proceeds will be invested according to the allocation instructions on your Account. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new Account Application along with this form, unless you already have a Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Medallion Signature Guarantee may be required as described in **Section 5**.

To request assistance in completing this form call us at **1-888-5-SCHOLAR** (**1-888-572-4652**), Monday through Friday from 9:00 a.m. - 10:00 p.m. ET.



1-888-5-SCHOLAR (1-888-572-4652) Monday to Friday 9:00 a.m. - 10:00 p.m. ET

scholars-choice.com

Regular mailing address: Scholars Choice PO Box 219372 Kansas City, MO 64121

Overnight mailing address:

Scholars Choice 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Rollove Rollove Dlars (choice	an Edu	ucatio	on Sa	aviı —	ngs	Pla	an	Acc		nt l	nfo	rma	tio	n											
olars (Choice	e Edu	i cati (on Sa	aviı —	ngs	Pla	an	Acc		nt l	nfo	rma	tio	n											
t Number	(If you h] [ave not	establis		_					cou	nt l	nfo	rma	tio	n											
				hed an	— Acco	unt, d	comp	lete	,																	
				neu an	ACCO	uiii, i	υστιμ	iiete		nalac	o on	1000	unt A	nnlie	natia	 J										
Digits of S	ocial Sec	urity Nu							anu e	ncios	e an i	1000	unt A	ррис	callo	II).										
		y 14u	mber or	Taxpaye	er Idei	ntifica	ation	Num	ber (F	Requ	ired)															
t Owner /	First nam	ne) (Req	uired)																							(M.I.
t Owner (Last nam	e) (Req	uired)																							
one Numb																										
] [] [(d)																							(M.I.
	11011107		<u>.,</u>				1	7		7								7				7	7	7	7	7
on	e Numb	e Number ory (First name) (F	e Number Ity (First name) (Require	Owner (Last name) (Required) e Number ry (First name) (Required) ry (Last name) (Required)	e Number ry (First name) (Required)	e Number ry (First name) (Required)	e Number ry (First name) (Required)	e Number Try (First name) (Required)	e Number Try (First name) (Required)	e Number ry (First name) (Required)	e Number Try (First name) (Required)															

Last 4 Digits of Beneficiary Social Security 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 Uwner n Taxpayer Identification number as your Scholars Choice Education Savings Plan Accou	•
• If you do not provide a breakdown of your investment portion and earnings portion with treated as earnings that may be taxable upon withdrawal.	th your rollover check, the entire amount may be
Account Number of 529 Plan or ESA	
Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution)	
Address of Current 529 Plan Manager or Custodian	
City	Zip Code
Contact Person Telephone	
Check this box if the Beneficiary on this account differs from the Beneficiary indicated in Section 2 .	
Instructions to Current 529 Plan Manager or ESA Custodian	
The assets described below must all be held by the Financial Institution indicated in Sec according to the standing allocation instructions on file at the time the assets are received will be invested according to what you choose on the Account Application .	
Check one.	
A. Roll over all of the assets in my account to Scholars Choice Education Sav Accounts, use a separate sheet.)	vings Plan. (To list more than two current
Account Number	S Estimated Account Value
Account Number	S Estimated Account Value
B. Roll over a portion of the assets as directed below to Scholars Choice Eduoptions, use a separate sheet.)	ucation Savings Plan. (To list more than two
Account Number	Name of Investment Portfolio
\$Amount	
Account Number	Name of Investment Portfolio
\$	

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Scholars Choice Education Savings Plan 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.
- Please call the Scholars Choice Education Savings Plan at 1-888-5-SCHOLAR (1-888-572-4652) if you have any questions
 concerning this process.

SIGNATURE	
Signature of Account Owner or Authorized Representative of Entity	Date (mm-dd-vvvv)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 plan may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to the Scholars Choice Education Savings Plan. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a medallion signature guarantee will be provided.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A
 notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.
- The lack of a required Signature Guarantee could delay this rollover.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner (In the presence of the authorized officer.)	Authorized Officer to prace Stamp here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

Authorization and acceptance (No Account Owner action is necessary in this section.)

Scholars Choice Education Savings Plan 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, Scholars Choice Education Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Scholars Choice, PO Box 219372, Kansas City, MO 64121.** Make the check payable to Scholars Choice Education Savings Plan. Include the Account Owner name and the Scholars Choice Education Savings Plan Account number (*if provided*) on the check and enclose a statement that shows the principal and earnings in the Scholars Choice Education Savings Plan Account.

