Scholar's Edge®

Incoming Rollover Form



1.866.529.SAVE (1.866.529.7283)

Monday through Friday

scholarsedge529.com

FAX 617-559-8951

8:00 a.m. to 7:00 p.m. MT

- Complete this form to initiate a direct rollover from another 529 college savings plan (529 Plan) or an Education Savings Account ("ESA") to an existing Account in Scholar's Edge. (If you have not established an Account, you must also complete and enclose an **Enrollment Form** or enroll online at **scholarsedge529.com**.)
- Once every 12 months you may roll over assets for the same Beneficiary. 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 listed. Do not staple.

orms can be downloaded from our website at scholarsedge529.com , or you can call us order any form—or request assistance in completing this form—at 1.866.529.SAVE 1.866.529.7283) Monday through Friday 8:00 a.m. to 7:00 p.m. MT.		Regular mailing address: Scholar's Edge PO Box 219798 Kansas City, MO 64121-9798
1	Rollover Type	Overnight mailing address: Scholar's Edge 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131
	Rollover from a 529 Plan	
	Rollover from an ESA	
	Re-allocation from a New Mexico sponsored 529 plan. Note: This option is considered one of your two permitted annual exchanges.	
2	Scholar's Edge Account Information	
	Account Number (If you have not established an Account, complete and enclose an Enrollment Form).	
	Social Security Number or Taxpayer Identification Number (Required)	
	Name of Account Owner (first, middle initial, last) (Required)	
	Telephone Number	
	Name of Beneficiary (first, middle initial, last) (Required)	
	Beneficiary Social Security or Taxpayer Identification Number (Required)	



Amount

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 Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution) Full Name of 529 Plan (If applicable) Address of Current 529 Plan Manager or Custodian City State Zip Code Contact Person Telephone Number 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 **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. 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 Estimated Account Value Account Number Estimated Account Value В. Roll over a portion of the assets as directed below to Scholar's Edge. (To list more than two options, use a separate sheet.) Name of Investment Portfolio Account Number Amount Account Number Name of Investment Portfolio

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 Participation Agreement, and understand the rules and regulations governing rollounderstand that IRS regulations permit only one such rollover for the same Benefic	over contributions from other 529 plans and ESAs. I
SIGNATURE Signature of Account Owner	
Signature Guarantee — IF APPLICABLE	
If Signature Guarantee is needed you cannot fax in this form.	
SIGNATURE	Authorized Officer to place stamp here
Signature of Guarantor	Authorized emissi to place stamp here
Title	
Name of Institution	
54.6 (, 64, 777)	

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.