


CollegeBound Saver

CollegeBound Saver Incoming Rollover Form

- Use this form to initiate a direct rollover from another 529 Plan or an Education Savings Account (ESA) to an existing Account in CollegeBound Saver. (*If you have not established an Account, you must also complete and enclose an **Enrollment Form** or enroll online at www.collegeboundsaver.com.*)
- Once every 12 months you may roll over assets from 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.

Forms can be downloaded from our website at www.collegeboundsaver.com, or you can call us to order any form—or request assistance in completing this form—at **1.877.517.4829** any business day from 8 a.m. to 8 p.m. Eastern time.

 **1.877.517.4829**
8 a.m. to 8 p.m. Eastern Time M-F

www.collegeboundsaver.com

Regular mailing address:
CollegeBound Saver
P.O. Box 55986
Boston, MA 02205-9714

Overnight mailing address:
CollegeBound Saver
95 Wells Ave, Suite 155
Newton, MA 02459-3204

1. Rollover type

- Rollover from a 529 college savings plan (529 Plan)
- Rollover from an Education Savings Account (ESA)
- Rollover from the redemption of a Qualified U.S. Savings Bond Series EE, issued January 1990 or later, or Series I savings bond (*indirect rollover*). (Complete **Sections 2, 4, and 6**)
- Re-allocation from another Rhode Island state-issued 529 Plan. **Note:** This option is considered an Investment Option change and will count towards your twice per calendar year Investment Option change limit.
- Deposit assets from another 529 Plan that have been redeemed (*indirect rollover*). (Complete **Sections 2, 4, and 6**)

2. CollegeBound Saver Account information

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Account Number (*If you have not established 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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Telephone Number (*In case we have a question about your Account.*)

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

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

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Beneficiary Social Security Number or Taxpayer Identification Number (**Required**)



3. Instructions for Direct Rollovers

- Please provide current 529 Plan name or Coverdell ESA Custodian Financial Institution information. *(Not required for savings bonds.)*
- We will contact the current 529 Plan or custodian to send the funds to us. Please ask the current 529 Plan or custodian if this request must be signature guaranteed and if so, complete **Section 6**.
- The account from which you are moving assets must have the same Account Owner and Beneficiary name as well as Social Security number or Taxpayer Identification number as your CollegeBound Saver Account. 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 select on the **Enrollment Form**. Please contact the program manager or custodian of the account from which assets are being redeemed for 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

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

Full Name of Current 529 Plan

Full Name of Current 529 Plan *(If applicable)*

Address

Address

City

City

State

State

Zip Code

Zip Code

Contact Person

Contact Person

Telephone Number

Telephone Number

Check one.

A. **Roll over all of the assets in my account to CollegeBound Saver.** *(To list more than two Accounts, use a separate sheet.)*

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

B. **Roll over a portion of the assets as directed below to CollegeBound Saver.** *(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

4. Instructions if Assets have been redeemed

Assets redeemed from another 529 Plan, Qualified U.S. Savings Bond, or ESA must be deposited within 60 days of the withdrawal. You must include a statement from the former institution certifying the breakdown of contributions and earnings of the amount transferred. Until such statement is provided, CollegeBound Saver will treat the entire deposit as earnings.

Enclosed is a check made payable to CollegeBound Saver for

\$, .
Total Amount of Redemption

\$, .
Principal Amount of Redemption

\$, .
Earnings Amount of Redemption

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound Saver Program Description as it relates to this Incoming Rollover request.
- By signing below, I authorize CollegeBound Saver or its designee to roll over assets into CollegeBound Saver according to the instructions above.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account in question and that this request is in the best interest of the Beneficiary.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary account that is in any Rhode Island state-issued 529 plan will count towards my twice per calendar year Investment Option change limit and I certify that more than one Investment Option change has not occurred during the calendar year.
- If rolling over assets from another 529 Plan to a new Beneficiary, I certify that the new Beneficiary is a "Member of the Family" of the current Beneficiary at the distributing 529 plan.
- I further certify that if I have already redeemed the rollover amount for deposit into a CollegeBound Saver account, this request is within 60 days of the withdrawal.
- If I am requesting a direct rollover, by signing below, I authorize the current 529 Plan manager or custodian to liquidate my investment identified in **Section 3** and roll over the assets into the CollegeBound Saver Account indicated in **Section 2** of this form. I understand I may need a signature guarantee in **Section 6**.
- I understand that I cannot make additional contributions for a Beneficiary when the fair market value of all accounts maintained for that Beneficiary within all programs offered by the State of Rhode Island exceeds \$520,000.
- I understand that the program manager, custodian or financial institution of the account from which assets are being redeemed is responsible for providing CollegeBound Saver with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, CollegeBound Saver will treat the entire contribution as earnings.
- I understand that rollovers, deposits, or Beneficiary changes not meeting these conditions may result in the earnings portion of the deposit being considered a Non-Qualified Withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.

If the current 529 Plan manager or custodian of the account from which assets are being redeemed requires a Medallion Signature Guarantee, do not sign here. Please go to Section 6.

SIGNATURE _____
Signature of Account Owner

- -
Date (mm/dd/yyyy)

6. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current 529 Plan manager or custodian of the account from which the assets are being redeemed requires a Medallion Signature Guarantee - please check with your current 529 Plan manager or custodian. The lack of a required Signature Guarantee could delay this rollover.)

- 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.**

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 Program Description.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Title

Name of Institution


□□ — □□ — □□□□

(mm/dd/yyyy)

Authorized Officer to place stamp here

7. Authorization and Acceptance *(No Account Owner action is necessary in this section.)*

CollegeBound Saver hereby by 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, CollegeBound Saver

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **CollegeBound Saver, P.O. Box 55986 Boston, MA 02205-9714**. Make the check payable to **CollegeBound Saver**. Include the Account Owner name and the CollegeBound Saver Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.



State of Rhode Island
Office of the General Treasurer
Seth Magaziner

