SSgA Upromise 529 Plan

Incoming Rollover Form

SSgA Upromise529 POWERED BY SPDR ETFs

- 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 the SSgA Upromise 529. *(If you have not established an Account, you must also complete and enclose an **Account Application** or enroll online at **www.ssga.upromise529.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 below. Do not staple.

Forms can be downloaded from our website at **www.ssga.upromise529.com,** or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

SSgA Upromise 529
P.O. Box 55578
Boston, MA 02205-5578

For overnight delivery or registered mail, send to:

SSgA Upromise 529
95 Wells Ave., Suite 155
Newton, MA 02459-3204

1. Rollover type

☐ Rollover from a 529 Plan

☐ Rollover from an ESA

☐ Re-allocation from another Nevada Plan

2. SSgA Upromise 529 Account information

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Account Number *(If you have not established an Account, also complete and enclose an **Account Application.**)*

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

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

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Telephone Number *(In case we have a question about your Account.)*

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

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

SSGA ROLL IN

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 SSgA Upromise 529 Account. Please contact your current 529 Plan Manager or Custodian for proper mailing address.
- You must provide a statement from your existing 529 Plan Manager detailing your existing Account's basis and earnings. If you do not provide a breakdown of your investment portion and earnings portion, 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

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.**

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 **Account Application.**

Check one.

A. ☐ **Roll over all of the assets in my Account to the SSgA Upromise 529.** *(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 the SSgA Upromise 529.** *(To list more than two options, use a separate sheet.)*

Account Number — Name of Investment Portfolio

$ Amount

Account Number — Name of Investment Portfolio

$ 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.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the SSgA Upromise 529 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

SIGNATURE

Signature Guarantor

Title

Name of Institution

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Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

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

The SSgA Upromise 529 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, SSgA Upromise 529

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **SSgA Upromise 529, P.O. Box 55578, Boston, MA 02205-5578.** Make the check payable to **SSgA Upromise 529.** Include the Account Owner name and the SSgA Upromise 529 Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.

SSgA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, Inc. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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