



Transfer Form (full version)

Complete this form and return to:
CollegeAdvantage 529 Savings Plan
P.O. Box 932355
Cleveland, OH 44193

Instructions:

- Use this form to transfer assets from a CollegeAdvantage account to a different CollegeAdvantage account if any of the following conditions apply:
 - 1) Account receiving assets does not already exist. A new account will be created using this form.
 - 2) You only wish to transfer a partial amount
 - 3) You want to change the investment options for the new Beneficiary
 - 4) You are transferring assets from the suspended Guaranteed Savings Fund
- If you are transferring ALL assets in one CollegeAdvantage account to another existing account, and none of the above conditions apply, you can instead use the *EZ Transfer Between CollegeAdvantage Accounts* form.
- The new Beneficiary must be a Member of the Family of the prior Beneficiary, as defined in the *CollegeAdvantage Offering Statement and Participation Agreement*.
- If you are transferring assets and **keeping investment options the same**, complete Section 4. If you are transferring assets and **changing the investment options**, complete Section 5. Do not complete both sections.
- You can transfer the entire account balance or a partial amount. To list more than three investment options, use a separate sheet.
- Assets may not be transferred if the original account was established with custodial funds (UTMA or UGMA, for example).
- The assets requested to be transferred from the original account will be liquidated and new assets purchased with the proceeds.
- Please print clearly in blue or black ink. **SIGNATURE REQUIRED** on last page. This form must be notarized.

1

Account Owner information

_____ M.I. _____ Last name
 Account Owner's first name

_____ - _____ - _____
 Account Owner's Social Security number

2

Current Beneficiary information

Please provide information for the Beneficiary you want to transfer FROM.

_____ M.I. _____ Last name
 Current Beneficiary's first name

_____ - _____ - _____
 CollegeAdvantage account number Current Beneficiary's Social Security number

3

New Beneficiary information

Please provide information for the Beneficiary you want to transfer assets TO.

Note: if transferring assets of the suspended Guaranteed Savings Fund, either the Account Owner or the new Beneficiary must be an Ohio resident.

_____ M.I. _____ Last name
 New Beneficiary's first name

_____ - _____ - _____
 New Beneficiary's Social Security number

_____ - _____ - _____
 New Beneficiary's date of birth (mm/dd/yyyy)

 Relationship of new Beneficiary to current Beneficiary

Check here if Beneficiary's mailing address is the same as Account Owner's mailing address and go to the next section. If Beneficiary's mailing address is different, complete below.

Beneficiary's residential address (including apartment number if applicable)

_____ State _____ ZIP code _____
 City

Complete either Section 4 or 5 below (not both)

4 Transfer amount – KEEP INVESTMENT OPTIONS THE SAME for New Beneficiary

Use this page if you wish to transfer funds and keep investment options the same in the new account.

When you transfer funds, you can keep the same investment options, or change them.

TRANSFER THE ENTIRE ACCOUNT BALANCE
(Check box and go to Section 6 if you participate in EFT or payroll deduction. Go directly to signature Section 7 if you do not.)

OR

TRANSFER A PARTIAL AMOUNT
Complete below, and go to Section 6 if you participate in EFT or payroll deduction; go directly to signature Section 7 if you do not. Please refer to the *Investment Option Selection Guide* for a list of CollegeAdvantage investment options and their corresponding codes. If the dollar amount specified exceeds the amount available in the account, we will disburse only the amount available at that time.

Transfer funds FROM the following Option(s)

Option Code	Dollar amount		Complete liquidation
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%

CD (if applicable): Write CD certificate number on the line below.

_____ \$ _____,_____._____ OR 100%

Process with early redemption penalty.
 Hold and process at maturity.
(Restrictions apply; see below.)

TOTAL \$ _____,_____._____

INFORMATION REGARDING THE FOLLOWING INVESTMENT OPTIONS:

FIFTH THIRD 529 CDS—If you are transferring a CD, it is by definition not yet mature. Mature CDs are systematically redeemed at maturity and the redemption value placed in a 529 savings account, which was established for you when the CD was opened. When a CD is transferred from one account to another, the CD is liquidated, any applicable early redemption penalty applied, and a new CD purchased at the interest rate in effect on the day of the purchase. The term of the new CD will start on the day of the purchase of the new CD (For example, the proceeds of a 3-year CD redeemed because of a transfer to a different Beneficiary will purchase another 3-year CD, and the 3-year term will begin on the day the new CD is purchased.)

CD Early Withdrawal Penalty: If you redeem a 3- to 11-month CD before at least half the stated term is over, or a 12- to 144-month CD before at least a third of the term is over, you may lose all interest accrued and possibly part of your principal. Maturity date must be within 30 days of the Ohio Tuition Trust Authority's receipt of this form and cannot cross calendar year (i.e., withdrawal request received December 20, maturity date January 4). If maturity date is more than 30 days away, or maturity date occurs in the next calendar year, CD will be liquidated upon receipt of this form, and any applicable early redemption penalty will be applied to the redemption.

CD Partial Transfer: If you redeem a CD and only request that part of the redemption value be transferred to a different account, the remaining balance from the redemption will be placed in your 529 savings account in the original Beneficiary's account.

GUARANTEED SAVINGS FUND (SUSPENDED)—There are different transfer restrictions based on age of original beneficiary. **Age 19 or younger:** limit one transfer. New beneficiary can be older or younger than original beneficiary. If original Beneficiary is age 18 or younger, the payout value will likely be less than if assets were held on account until the Beneficiary turns 18. **Age 20 or 21:** only one transfer allowed; new Beneficiary must be age 20 or older. **Age 22 or older:** no transfer allowed.

AGE-BASED OPTIONS—Account Owners who are invested in an age-based investment option should note that even if no change in investment option is requested at the time of the transfer, the particular Portfolio in which the account is invested may change if the new Beneficiary is in a different age bracket. This change will be made so that the Portfolio investment corresponds to the age of the new designated Beneficiary. The change may result in a loss in the value of the account depending on market fluctuations during the time of the change.

5

Transfer amount – CHANGE INVESTMENT OPTIONS for New Beneficiary

Use this page if you wish to transfer funds and CHANGE investment options in the new account.

Please refer to the *Investment Option Selection Guide* for a list of all CollegeAdvantage investment options and their corresponding codes. If the dollar amount specified exceeds the amount available in the account, we will disburse only the amount available at that time.

A. Transfer funds FROM the following Option

Option code	Dollar amount		Complete liquidation
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%

CD (if applicable): Write CD certificate number on the line below.

_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%
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Process with early redemption penalty.
 Hold and process at maturity.
 (Restrictions apply; see page 2.)

B. Transfer funds TO the following Option(s)

Option code	Dollar amount		Percentage
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %

TOTAL \$ _____,_____._____

A. Transfer funds FROM the following Option

Option code	Dollar amount		Complete liquidation
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%

CD (if applicable): Write CD certificate number on the line below.

_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%
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Process with early redemption penalty.
 Hold and process at maturity.
 (Restrictions apply; see page 2.)

B. Transfer funds TO the following Option(s)

Option code	Dollar amount		Percentage
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %

TOTAL \$ _____,_____._____

A. Transfer funds FROM the following Option

Option code	Dollar amount		Complete liquidation
_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%

CD (if applicable): Write CD certificate number on the line below.

_____	\$ _____,_____._____	OR	<input type="checkbox"/> 100%
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Process with early redemption penalty.
 Hold and process at maturity.
 (Restrictions apply; see page 2.)

B. Transfer funds TO the following Option(s)

Option code	Dollar amount		Percentage
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %
_____	\$ _____,_____._____	OR	_____ %

TOTAL \$ _____,_____._____

6 Electronic funds transfer (EFT)

If you have an existing EFT for the original account, please indicate your instructions below:

- I wish to continue the EFT on the original account as it is on file.
- I wish to stop the existing EFT for the original account.
- I wish to continue the existing EFT instructions on file but transfer those instructions to the new Beneficiary's account.

We can only make the changes above using this form. For any other EFT changes, log in to your CollegeAdvantage account and make the changes online at www.collegeadvantage.com, or complete and return the *Electronic Funds Transfer (EFT) Authorization Form*. If you participate in payroll deduction, please log in to your account and make the changes online, or complete and return the *Payroll Deduction Authorization Form*.

7 Account certification and authorization

We must have your signature to process this form and to certify your Social Security number, which is located in Section 1. By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT DATED APRIL 1, 2011 OR LATER, AND THE TERMS OF THIS FORM. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT DATED APRIL 1, 2011 OR LATER FOR THE DIRECT COLLEGEADVANTAGE 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY (TUITION TRUST), AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS FORM, TOGETHER WITH THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.**
- The information provided on this form is true and correct. The new Beneficiary and myself are U.S. citizens or resident aliens. The Social Security numbers in Sections 1, 2 and 3 are correct (or a number has been applied for and will be provided upon receipt).
- The Tuition Trust is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust.
- If participating in electronic fund transfers (EFT), my signature below authorizes the Tuition Trust to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I authorize the Tuition Trust to make a follow-up attempt in retrieving those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank and the Tuition Trust for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Tuition Trust, with reasonable time given to implement my request.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are required to obtain my name, residential or business address, Social Security or Tax Identification number, driver's license or state-issued I. D. Card number, and date of birth in order to verify my identity and for tax reporting purposes. In addition, my signature below authorizes Tuition Trust personnel to access my personal confidential information as necessary for the administration of my account. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Tuition Trust is unable to accept this new account if any required information is not provided. If the CollegeAdvantage Program Administrators are unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the then-current unit value.
- I understand that under federal tax law any rollover to another state's 529 Plan that will accept it must occur within 60 days. If I have any additional questions concerning the tax consequences of any such distribution, I will refer to the "Tax Information" section of the *Offering Statement and Participation Agreement*, or consult my professional tax advisor.

Signature required 

7 Account certification and authorization (continued)

- I understand that any investment in a CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the state of Ohio, the Tuition Trust or any of the mutual fund firms under contract with OTTA. Any investment in a Fifth Third investment option, however, is insured by the FDIC, up to the limits set by the FDIC. An investment in a CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Except for the Fifth Third investment options, participants assume all investment risk of an investment in CollegeAdvantage, including the potential loss of principal. Regular investing does not ensure a profit or protect against a loss. The amount actually available for withdrawal will depend on the investment performance of the options chosen during the period funds were invested.

Note: If you select any of the Fifth Third Bank investment options, then your signature below, together with this form and the *Offering Statement and Participation Agreement*, which includes Fifth Third Bank's Rules, Regulations, Agreements and Disclosures, constitutes the Deposit Agreement between you and Fifth Third Bank.

Print name of Account Owner

Signature of Account Owner (Required)

____ - ____ - ____
Signature date (mm/dd/yyyy)

NOTARY SEAL REQUIRED

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Account Owner

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date

BENEFICIARY SIGNATURE (ONLY REQUIRED IN LIMITED CIRCUMSTANCES IF TRANSFERRING GUARANTEED SAVINGS FUND ASSETS)

Beneficiary signature is required if original account includes funds invested in the suspended Guaranteed Savings Fund AND it was opened before 10/1/1996 AND Beneficiary is 18 or older AND Account Owner has not previously submitted a *Pre-1996 Ownership Amendment Form* to the Ohio Tuition Trust Authority. Only if **ALL** of these conditions apply is Beneficiary signature required.

Print name of Beneficiary

Signature of Beneficiary (Required)

____ - ____ - ____
Signature date (mm/dd/yyyy)

NOTARY SEAL REQUIRED

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Beneficiary

Notary to Place Seal Here

Notary Public name

Notary Public signature

My commission expires _____
Date