## CollegeAdvantage Direct 529 Savings Plan

# **Incoming Rollover Form**



- Complete this form to initiate a Direct Rollover (plan to plan) from another 529 plan or an Education Savings Account (ESA) to an existing Account in the CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct). (If you have not established an Account, you must also complete and enclose an **Account Application** or enroll online at **www.CollegeAdvantage.com.**)
- Once every 12 months you may rollover assets from and to the same Beneficiary. You may also rollover 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.CollegeAdvantage.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305

Kansas City, MO 64121-9305

For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 920 Main Street, Suite 900 Kansas City, MO 64105

1.	Rollover type
	Rollover from a 529 college savings plan (529 Plan)
	Rollover from an Education Savings Account (ESA)
	Exchange from the CollegeAdvantage Advisor 529 Savings Plan or the CollegeAdvantage Guaranteed 529 Savings Plan to your CollegeAdvantage Direct Account. (This type of Rollover is considered an exchange and will count towards your twice per calendar year exchange limit.) See the CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement for more information
2.	CollegeAdvantage Direct Account information
	Account Number (If you have not established an Account, also complete and enclose an <b>Account Application</b> .)
	Account Owner Social Security Number or Taxpayer Identification Number ( <i>Required</i> )
	Name of Account Owner (first, middle initial, last)
	Telephone Number (In case we have a question about your Account.)
	Name of Beneficiary (first, middle initial, last)
	Beneficiary Social Security Number or Taxpayer Identification Number ( <i>Required</i> )

# 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 Taxpayer Identification Number as your CollegeAdvantage Direct Plan Account. Please contact Custodian for their proper mailing address.				
Account Number of Current 529 Plan or ESA				
Account Number of Current 223 Harris Eds				
Name of Current 529 Plan Manager or Custodian (Usually a financial institution)				
Full Name of 529 Plan (If applicable)				
Address				
City State Z	ip Code			
Contact Person Telephone N				
Check this box if the Beneficiary on this account differs from the Beneficiary indicated in Section 2. If so, the new Beneficiary must be a member of the family of the existing Beneficiary.  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 Future Contribution Allocation Instructions on file with CollegeAdvantage Direct 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 A or B below.  Rollover all of the assets in my account to CollegeAdvantage Direct. (To list more than two Accounts, use a separate copy of this page.)				
	\$			
Account Number of my current 529 Plan or ESA	Estimated Account Value			
Account Number of my current 529 Plan or ESA	\$,			
B. Rollover a portion of the assets as directed below to CollegeAdvantage Direct separate copy of this page.)  Account Number of my current 529 Plan or ESA	t. (To list more than two options, use a  Name of Investment Portfolio			
\$				
Account Number of my current 529 Plan or ESA  Amount	Name of Investment Portfolio			

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6.

## 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 CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement*, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings accounts. I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 accounts. I certify that if the rollover is to a new Beneficiary, that the new Beneficiary is a Member of the Family of the current Beneficiary. I understand that if a statement from the 529 Plan manager or custodian identified in section 3 showing the contribution and earnings components of the rollover is not received by the Ohio Tuition Trust Authority, the entire rollover will be tracked as earnings.

Irust Authority, the entire rollover will be tracked as earnings.	
SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
Signature Guarantee — IF APPLICABLE	Authorized Officer to place stamp here
SIGNATURE	
Signature Guarantor	
Title	
Name of Institution	
Authorization and acceptance (No Account Owner action is necessar	ry in this section.)
The CollegeAdvantage Direct 529 Savings Plan hereby agrees to accept the rol the proceeds in the Account established on behalf of the Account Owner name	
2 Conel	
Authorized signature, CollegeAdvantage Direct 529 Savings Plan	

#### **INSTRUCTIONS TO CURRENT 529 PLAN MANAGER OR ESA CUSTODIAN**

Send redemption proceeds by check to **CollegeAdvantage Direct 529 Savings Plan, P.O. Box 219305, Kansas City, MO 64121-9305.** Make the check payable to **Ohio Tuition Trust Authority.** Include the Account Owner name and the CollegeAdvantage Direct 529 Savings Plan Account number (*if provided*) on the check and enclose a statement that shows the principal and earnings in the Account.



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