



### 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 CollegeAdvantage Direct Plan Account. Please contact your current 529 Plan Manager or Custodian for their proper mailing address.

Account Number of Current 529 Plan or ESA

Account Number of Current 529 Plan or ESA

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

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

Full Name of 529 Plan (If applicable)

Full Name of 529 Plan (If applicable)

Address

Address

City

City

State

State

Zip Code

Zip Code

Contact Person

Contact Person

Telephone Number

Telephone Number

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.

### 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 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.

A.  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

Account Number of my current 529 Plan or ESA

Estimated Account Value

Estimated Account Value

Account Number of my current 529 Plan or ESA

Account Number of my current 529 Plan or ESA

Estimated Account Value

Estimated Account Value

B.  Rollover a portion of the assets as directed below to CollegeAdvantage Direct. (To list more than two options, use a separate copy of this page.)

Account Number of my current 529 Plan or ESA

Account Number of my current 529 Plan or ESA

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

Account Number of my current 529 Plan or ESA

Account Number of my current 529 Plan or ESA

Name of Investment Portfolio

Name of Investment Portfolio

Amount

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 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.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Signature Guarantee — IF APPLICABLE**

SIGNATURE

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

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

The CollegeAdvantage Direct 529 Savings 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, 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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