





**7 Signature and Authorization** (Account Owner, Custodian or Authorized Representative of Entity must sign here.)

**By signing below, I certify the following:**

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I certify that I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another Qualified Tuition Plan or Coverdell Education Savings Account. I understand that the *Path2College 529 Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner.** (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a medallion signature guarantee stamp appears below.<sup>1</sup>)

\_\_\_\_\_  
*Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner*

\_\_\_\_\_  
*Date*

**Important Information**

Your current qualified tuition program may require a medallion signature guarantee stamp on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current qualified tuition program for instructions before mailing this form to the Plan. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or a Signature Validation Program Stamp will be provided.

**GUARANTOR TO AFFIX STAMP HERE**



**Mail this form to:**

Path2College 529 Plan  
PO Box 55924  
Boston, MA 02205-5924