Path2College 529 Plan

Rollover Form for New or Existing Accounts

Use this form to rollover funds into the Plan

Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.com

Instructions

- Please read the *Plan Disclosure Booklet* and *Participation Agreement (contained in the Plan Disclosure Booklet)* for complete Rollover information before completing this form.
- Your rollover proceeds will be invested according to the allocation instructions you provide in Section 3 below. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new *Account Application* along with this form, unless you already have a Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Signature Validation Program Stamp or Medallion Signature Guarantee may be required as described in section 7.[1] Please see the ***Important Information*** box at the end of this form for

1 Path2College 529 Plan Account Information

1	2	3	4	5	6	7	8	9						

Plan Account Number (Please complete one form for each Account)

5	5	5	-	1	2	3	-	4	5	6	7

Telephone Number

Devin C Sample

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Crystal R Sample

Beneficiary Name (First, MI, Last, Suffix)

2 Type of Rollover *(Check only one box.)*

☑ **Direct Rollover from another qualified tuition program (QTP)**

We will request a transfer of funds on your behalf directly from your current qualified tuition program account into your Plan Account. Please verify whether your current qualified tuition program account has any additional requirements before sending this form to the Plan.

☐ **Indirect Rollover from another qualified tuition program (QTP) or a Coverdell Education Savings Account (Coverdell ESA)**

Your check must be payable to the *Path2College Savings Plan* and must be received by the Plan within 60 days of the date of withdrawal from the other qualified tuition program or Coverdell ESA account to qualify for rollover treatment.

3 Allocation Instructions

(Check one box)

☐ Use my current allocation instructions on file for future contributions.

☑ Establish or change my allocation instructions as indicated below for my future contributions.

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.

You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Option Name *(Investment Option Code)*	***Whole Percentage*** *(per Investment Option)*	**Check if new Investment Option[2]**
Managed Allocation Option *(Age based)*	%	☐ New Option
Aggressive Managed Allocation Option *(Age based)*	50 %	☒ New Option
100% Equity Option *(1213)*	%	☐ New Option
Balanced Fund Option *(1214)*	50 %	☒ New Option
Fixed Income Option *(1389)*	%	☐ New Option
Guaranteed Option *(1215)*	%	☐ New Option
Money Market Option *(1390)*	%	☐ New Option
	100%	

[1] Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp or a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

[2] If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

4 Your Current 529 Plan Account Information

The Account Owner name and Social Security number or Individual Taxpayer ID number must be the same on the account from which you are transferring assets **as on your Path2College Savings Plan Account**

9	8	7	6	5	4	3	2	1								

Account Number (This is the Account from which you are transferring assets.)

1	1	1	-	2	2	-	3	3	3	3

Account Owner Social Security or Taxpayer Identification Number

Devin C Sample

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Crystal R Sample

Beneficiary Name (First, MI, Last, Suffix)

Who is the Beneficiary?	☑	**Same Beneficiary**	☐	**New Beneficiary,** excluding UGMA/UTMA		
Type of Account: *(Check only one.)*	☑	**Individual**	☐	**Custodial** (UGMA/UTMA)	☐	**Entity**

5 Name and Address of your Current 529 Plan

Sample 529 Plan

Current Qualified Tuition Program Name

123 529 Plan Ave

Mailing Address Line 1

Mailing Address Line 2

Anytown, GA 55555

City, State, Zip

6 Instructions to your Current 529 Plan

To my current Qualified Tuition Program:

Please roll over the assets from my account(s) as requested below and mail a check to the ***Path2College Savings Plan.*** Enclose a breakdown of the principal and earnings portion of the distribution with the check.

(Check only one box)

☑ Roll over the ENTIRE balance in my account. (Estimated Amount: $ 10,000) OR

☐ Roll over a PARTIAL balance in my account, as indicated below.

Investment Option(s)	Rollover Amount(s)
1.	**$**
2.	**$**
3.	**$**
4.	**$**
TOTAL PARTIAL ROLLOVER AMOUNT	**$**

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.[1])

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

TIAA CREF Financial Services

Mail this form to:

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