

## Direct Rollover Form

Complete this form to move funds to a CollegeChoice CD 529 Savings Plan (CollegeChoice CD) Account from a 529 plan or Coverdell Education Savings Account (ESA). If you have not already opened a CollegeChoice CD Account, please also complete a CollegeChoice CD Enrollment Form. If you already have an Account, the account from which you are moving assets must have the same Account Owner name and Social Security Number (SSN) or Taxpayer Identification Number (TIN) as your CollegeChoice CD Account.

You may roll over assets from the same Beneficiary once per 12 month period. You may also roll over assets at any time when you change your Beneficiary. UGMA/UTMA accounts must be transferred to an Account for the Beneficiary of the UGMA/UTMA account.

Forms can be downloaded from our website at **www.collegechoicecd.com**, or you can call us to order any form—or request assistance in completing this form—at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

Make checks and electronic transfers payable to: **CollegeChoice CD Plan, CSB as Manager (TRN/ABA #311973208)**

Mail or Fax this form and any other required documents to:

- **Mail - CollegeChoice CD, c/o College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

### 1. Source of Funds

Name of Financial Institution (if applicable)		Telephone Number	
Program Name (if applicable)		Account Number	Rollover Amount Requested
Mailing Address		City	State Zip Code

### 2. Existing Account Owner

First Name	MI	Last Name	Date of Birth
Street Address			
City		State	Zip Code
Social Security Number		Email	
Telephone Number	Business Telephone		Relationship to Child

**3. Existing Account Type** (the account you are rolling over assets from)

- 529 Plan (Please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.)
- Coverdell ESA (Please enclose a distribution statement or equivalent, issued by the financial institution that acted as trustee or custodian of the account that shows the basis and earnings.)

**4. Existing Beneficiary**

First Name		MI	Last Name		Date of Birth
Street Address <input type="checkbox"/> Check if same as Account Owner					
City		State		Zip Code	
Social Security Number		Current Grade		First Year of College	

- Please indicate if the existing Beneficiary is different than the new Beneficiary provided on your CollegeChoice CD Enrollment Form. The new Beneficiary must be a Member of the Family of the existing Beneficiary as described in the CollegeChoice CD Disclosure Statement (Disclosure Statement).

**5. Signature (Required)**

**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/we hereby request payment from the financial institution or 529 plan, as applicable, designated above in the form of a direct rollover. I/we assume full responsibility for this transaction and will not hold the Plan Officials (as defined in the Disclosure Statement) liable for any adverse consequences that may result. I/we hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution. I/we certify, that I/we have read, understand, consent and agree to all of the terms and conditions of the Disclosure Statement and understand the rules and regulations governing rollover contributions from other 529 plans and Coverdell ESAs. I/we understand that IRS regulations permit only one such rollover for the same beneficiary once per 12-month period for 529 plan accounts. Rollover contributions will be treated as earnings until the Program Manager receives appropriate documentation. I certify, that the Social Security Number or Taxpayer Identification Number set forth above is my correct number.

Signature of Account Owner or Custodian		Date
Signature Guarantee (if applicable)		Date

Signature Guarantee

**6. Authorization and Acceptance** (no Account Owner action is required in this section)

The CollegeChoice CD 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 or Custodian named herein.

Authorized Signature of Acceptance	Date
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