

Pennsylvania 529 Investment Plan Incoming Rollover Form



- Complete this form to initiate a direct rollover of assets from another 529 plan or an education savings account to an existing PA 529 Investment Plan account. If you have not established an account, you must also complete and enclose an Enrollment Application. If you are moving assets from more than one account, complete a separate form for each account.
- **Important:** Please contact the financial institution currently holding the assets to verify the correct mailing address, whether or not a signature guarantee is required, and to find out whether it has any additional requirements for rolling over these assets.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.PA529.com. Or you can call us to order any form at **1-800-440-4000** on business days from 8 a.m. to 6 p.m., Eastern time. Return this form and any other required documents in the enclosed envelope, or mail to: **Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

1. Type of Rollover

- Transfer from another qualified 529 college savings plan.
- Transfer from an education savings account.

2. PA 529 Investment Plan Account Information

Account Number (If you have not established an account, also complete and enclose an Enrollment Application.)

Social Security Number or Other Taxpayer ID Number

Name of Account Owner (first, middle initial, last)

Daytime Telephone Number

Evening Telephone Number

Name of Beneficiary (first, middle initial, last)

Beneficiary Social Security Number or Individual Taxpayer ID Number

REMEMBER TO SIGN IN SECTION 5.



* P A R O L L O V E R *

3. Current 529 Plan Manager or Education Savings Account Custodian

Important: The 529 plan or education savings account from which you are moving assets must have the same account owner name and Social Security number or other taxpayer ID number as your PA 529 Investment Plan account.

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

Mailing Address

City

State

Zip

Contact Person

Telephone Number

Check this box if the beneficiary on this account is **different from** the beneficiary indicated in **Section 2**.

4. Instructions to Current 529 Plan Manager or Education Savings Account Custodian

The assets described below must all be held by the financial institution indicated in **Section 3**. If you are moving assets from more than one institution, fill out a separate form for each. Your rollover proceeds will be invested according to the allocation instructions on file for your account at the time the assets are received.

Check and complete one.

A. Roll over all of the assets in my account.

Account Number

Estimated account value: \$, .

B. Roll over a portion of the assets as directed below. (To list more than three investments, use a separate sheet.)

Account Number

Name of Investment

 OR \$, .

All

Dollar Amount

Account Number

Name of Investment

 OR \$, .

All

Dollar Amount

Account Number

Name of Investment

 OR \$, .

All

Dollar Amount

5. Signature—YOU MUST SIGN BELOW

If your current 529 plan manager or education savings account custodian requires a signature guarantee, do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.

I certify that I have read the **PA 529 Investment Plan Disclosure Statement and Participation Agreement** and understand the rules and regulations governing direct rollovers 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.

▶ **SIGNATURE**

Signature of Account Owner

□□-□□-□□□□

Date (month, day, year)

Signature Guarantee—IF APPLICABLE

Check with your current 529 plan manager or education savings account custodian to determine if a signature guarantee—that is, certification that your signature is genuine—is required below to process this rollover. The lack of a required signature guarantee could delay this rollover.

▶

Signature of Guarantor

Title/Name of Institution

□□-□□-□□□□

Date (month, day, year)

Authorized Officer to Place Stamp Here

6. Authorization and Acceptance (PA 529 Investment Plan will complete this section.)

The PA 529 Investment Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds into the account established on behalf of the individual named herein.

Patrick W. McKeon

Authorized Signature, PA 529 Investment Plan

Instructions to Custodian

Send redemption proceeds by check to Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378. **Make the check payable to PA 529 Investment Plan. Include the account owner's Social Security number or other taxpayer ID number on the check, and enclose a statement detailing a breakdown of contributions and earnings in the account.**

