



CollegeAdvantage Direct 529 Savings Plan Incoming Rollover Form

- Complete this form to initiate a Direct Rollover (plan to plan) from another 529 plan or an Education Savings Account (ESA) to an existing Account in the CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct). *(If you have not established an Account, you must also complete and enclose an **Account Application** or enroll online at www.CollegeAdvantage.com.)*
- Once every 12 months you may rollover assets from and to the same Beneficiary. You may also rollover assets at any time when you change your Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at www.CollegeAdvantage.com, or you can call us to order any form — or request assistance in completing this form — at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to: CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305 Kansas City, MO 64121-9305	For overnight delivery or registered mail, send to: CollegeAdvantage Direct 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131
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1. Rollover type

- Rollover from a 529 college savings plan (529 Plan)
- Rollover from an Education Savings Account (ESA)
- Exchange from the CollegeAdvantage Advisor 529 Savings Plan or the CollegeAdvantage Guaranteed 529 Savings Plan to your CollegeAdvantage Direct Account. (This type of Rollover is considered an exchange and will count towards your twice per calendar year exchange limit.) See the CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement* for more information.

2. CollegeAdvantage Direct Account information

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

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Account Owner Social Security Number or Taxpayer Identification Number (Required)

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

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

Telephone Number (In case we have a question about your Account.)

Telephone Number (In case we have a question about your Account.)

Name of Beneficiary (first, middle initial, last)

Name of Beneficiary (first, middle initial, last)

Beneficiary Social Security Number or Taxpayer Identification Number (Required)

Beneficiary Social Security Number or Taxpayer Identification Number (Required)



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.

Trisha A. Good

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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