

(Please Print in Black Ink)

For assistance, please contact our CollegeAccess 529 Plan Investor Services at 866-529-7462, Monday through Thursday, 8:30am – 6:00pm and until 5:00pm on Friday, or visit our website at CollegeAccess529.com.

Please note our representatives do not offer investment advice or make recommendations about your investment(s).

Please send the completed form and application, if necessary, to one of the following addresses:

<i>Regular Mail</i>	<i>Overnight Mail</i>
CollegeAccess 529	CollegeAccess 529
P.O. Box 534436	Attn: 534436
Pittsburgh, PA 15253-4436	AIM: 154-0520
	500 Ross Street
	Pittsburgh, PA 15262

Important Information

This form should be used to rollover assets to the CollegeAccess 529 Plan from one of the following:

- another Section 529 College Savings Plan account
- a Coverdell Education Savings Account (formerly an Education IRA)
- redeemed qualified U.S. Savings Bonds (see Plan Disclosure Statement for details)

Note: Under the Internal Revenue Code, a **Section 529 College Savings Plan account may not be rolled over to another account with the same designated beneficiary more than once every 12 months.**

This form should be accompanied by a CollegeAccess 529 Plan Account Application if you do not already have an existing CollegeAccess 529 Plan account for the beneficiary you are designating below. If you already have a CollegeAccess 529 Plan account, your rollover contribution will be invested in accordance with your most recent instructions. Both the Account Application and this form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully before you invest. The application requires the applicant to certify that he/she has read the Plan Disclosure Statement and Participation Agreement.

1. Owner / Account Information

Account Owner(s)	U.S. Social Security Number	
Address	Mobile Telephone Number	Alternate Telephone Number
City, State, ZIP Code	Existing Account Number(s) OR <input type="checkbox"/> New Account Application Enclosed	

2. Designated Beneficiary (Future Student)

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. You must supply a valid Social Security number for the Designated Beneficiary to open an account.
2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

- I/We am/are designating the same Beneficiary that is associated with my/our existing account.
- I/We am/are designating a Beneficiary that differs from the Beneficiary associated with my/our existing account.

Name (First, Middle, Last) _____ U.S. Tax I.D. Number _____ Date of Birth _____

Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required.): _____

3. Direct Rollover Type

I am completing a rollover from an existing 529 College Savings Plan (also known as a qualified tuition plan) or a Coverdell Education Savings Account (formerly an Education IRA). I have not withdrawn the assets, and authorize VP Distributors, LLC, and/or its agents to contact the program manager for my existing account to initiate the transfer process and make a contribution according to the accompanying Account Application.

Individual/Primary Account Owner - Please indicate the account registration information for your existing account.

Account Owner's Name (First, Middle, Last) _____ U.S. Tax I.D. Number _____ Date of Birth _____

Beneficiary's Name (First, Middle, Last) _____ U.S. Tax I.D. Number _____ Date of Birth _____

Full Liquidation – Please liquidate my entire existing account below.

Partial Liquidation – Please liquidate the following amount from my existing account below: \$ _____ or _____ %

Please attach your most recent statement, if possible. **Note:** your current custodian may require a Medallion Signature Guarantee to process your transfer request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

Portfolio / Fund Name _____ Account Number _____

Name of Program Manager _____ Telephone Number _____

Address of Program Manager (Street, City, State, Zip Code) _____

4. Indirect Rollover Type

Complete this section if you are funding an Account with cash proceeds (check) from the sale of assets held in another 529 College Savings Plan account, a Coverdell Education Savings account or redeemed U.S. Savings Bonds.

I am completing a rollover from an existing Section 529 College Savings Plan, a Coverdell Education Savings Account or redeemed qualified U.S. Savings Bonds. I have already withdrawn the assets within the past 60 days and would like to make a contribution, as follows:

New Account Application is attached.

Existing Account Number: _____ . Apply contribution as follows:

- Use the allocations currently on my account. If none, we will allocate in the same manner as your most recent contribution.
- Allocate my contributions *equally* between all open Investment Options.
- Allocate my contributions *pro rata* between all open Investment Options.
- Allocate as indicated below:
- Allocate as indicated below and replace current allocation instructions for future contributions.

Portfolio Name	Contribution Amount or %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
<i>Total</i>	\$ _____ or 100%

5. Earnings Information

IMPORTANT: You must also complete the following information and attach the appropriate documentation regarding your rollover contribution, or the Program Manager will be required to record your contribution as 100% earnings, which may have adverse tax consequences to you.

\$ _____ \$ _____ \$ _____
Principal Amount Earnings Amount Total Amount of Rollover Contribution

Documentation. Please attach the appropriate documentation regarding earnings, if your rollover is from:

- another 529 plan account: a statement—issued by the 529 plan—that shows the earnings portion
- a Coverdell account: a statement—from the Trustee—that shows basis and earnings
- redeemed U.S. Savings Bond(s): Form 1099-INT—issued by the institution that redeemed the bond(s)—that shows the interest amount

6. Signature and Agreement of Account Owner(s)

By signing below, I/we hereby certify that I/we have read, understand and agree to the terms and conditions set forth in both the Participation Agreement attached hereto, and the current Plan Disclosure Statement. Furthermore, I/we understand that the Internal Revenue Code allows only one rollover, per beneficiary during a 12-month period, without changing the beneficiary. Otherwise, a change in beneficiary is required if a transaction is to be considered a rollover. **I/we understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I/we do not contact VP Distributors, LLC.** A rollover consists of a distribution from an account of a designated beneficiary that is transferred or deposited within 60 days of the distribution into an account for either the same beneficiary (subject to the 12-month limitation) or for another individual who is a member of the family of the previous designated beneficiary.

ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE COUNCIL, THE STATE OF SOUTH DAKOTA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL OR THE STATE OF SOUTH DAKOTA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER’S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PROGRAM MANAGER ON BEHALF OF THE COUNCIL, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA AND EACH OF THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND EMPLOYEES OF THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.

Signature (account owner, custodian, trustee, partner, officer, or authorized financial professional)

Date

Signature (joint owner, co-trustee, partner, or officer)

Date

NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.

The **CollegeAccess 529 Plan** is issued by the South Dakota Higher Education Savings Trust. The Program Manager and Underwriter for the CollegeAccess 529 Plan is VP Distributors, LLC, One Financial Plaza, Hartford, CT 06103, 800-243-4361.