

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:

Regular Mail

College Access 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail

College Access 529
Attn: 534436
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

Mailing/Street Address

Email Address

New Account Application Enclosed

City, State, ZIP Code

Existing Account Number(s) OR check box above

Evening Telephone Number

Mobile Telephone Number

By checking the preceding box, I authorize the Program Manager to replace any conflicting information and/or add any missing information to my account records, with regard to the address, email address and telephone numbers provided in this section.

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.
3. If the designated beneficiary is age 18 or older, they must also sign Section 7.

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

U.S. Social Security Number

Date of Birth

Street Address

City, State, ZIP Code

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

3. Rollover Instructions

Indirect Rollover: 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 have enclosed my check made payable to the **CollegeAccess 529 Plan**.

OR

Direct Rollover: 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. Following is the necessary information for my current account:

Account Owner and Designated Beneficiary Information

Account Owner's Name U.S. Social Security Number Date of Birth

Designated Beneficiary's Name U.S. Social Security Number Date of Birth

Current Custodian / Program Manager Information

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.

Name of Current Custodian / Program Manager Telephone Number

Address

City, State, ZIP Code

Investment to Rollover

1. Portfolio/Fund Name: Account Number:

Liquidate Entire Account Partial Dollar or Share Amount:

2. Portfolio/Fund Name: Account Number:

Liquidate Entire Account Partial Dollar or Share Amount:

3. Portfolio/Fund Name: Account Number:

Liquidate Entire Account Partial Dollar or Share Amount:

4. Portfolio/Fund Name: Account Number:

Liquidate Entire Account Partial Dollar or Share Amount:

4. Investment Instructions

Complete A and B. Please invest my rollover (direct or indirect) proceeds as follows:

A. I am opening a new account and the application is attached.
 Deposit proceeds into my existing account number:

- B. Invest the proceeds in accordance with the investment allocation provided on the accompanying application.
- 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 and replace current allocation instructions for future contributions.
- Allocate as indicated below:

Portfolio Name: Amount: \$ OR %

Portfolio Name: Amount: \$ OR %

Portfolio Name: Amount: \$ OR %

Portfolio Name: Amount: \$ OR %

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 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 MY EMPLOYER, 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.

Print Name	Signature	Date
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Print Name	Signature	Date
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IMPORTANT: Your existing custodian may require a signature guarantee. A signature guarantee helps to protect you and the parties who act upon your instructions from fraud. It guarantees that the person who signs this is, in fact, the person named. If a signature guarantee is required, notarization will not be acceptable. Please check with your existing custodian for requirements.

Place Stamp Here

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Please contact your financial institution in advance to determine their supporting documentation requirements, if any.

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.