

This form should be used to rollover assets to the **CollegeAccess 529 Plan** from either:

- 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 do 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.

If you have questions, call your CollegeAccess 529 Plan Investor Services Representative toll-free, Monday through Friday, 8:30am–6:00pm Eastern Time, at **866-529-7462**.

Send completed form to:	<i>via regular mail:</i>	<i>via overnight mail:</i>
	CollegeAccess 529	CollegeAccess 529
	PO Box 219337	430 W 7th Street, Ste. 219337
	Kansas City, MO 64121-9337	Kansas City, MO 64105-1407

1. Designated Beneficiary

- 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.

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (MM/DD/YYYY)		Street Address	
Apt. Number		City	
State		Zip Code	

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Your Designated Beneficiary must be a U.S. Citizen or Resident Alien for you to open an account.

Note: A completed CollegeAccess 529 Plan Account Application must accompany this form, if a CollegeAccess 529 Plan account does not already exist for the beneficiary.

Complete this section so that we can contact the Program Manager of your existing 529 College Savings Plan or Coverdell Education Savings Account.

Note: A completed CollegeAccess 529 Plan Account Application must accompany this form, if a CollegeAccess 529 Plan account does not already exist for the beneficiary.

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.

2. 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 First Name	Middle Initial	Last Name	Social Security Number
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Beneficiary First Name	Middle Initial	Last Name	Social Security Number
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Full Liquidation. Please liquidate my entire existing account (below).

Partial Liquidation. Please liquidate the amount indicated above from my existing account (below).

Portfolio/Fund Name	Account Number
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Name of Program Manager	Telephone Number
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Street Address

City	State	Zip Code
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3. Indirect Rollover Type

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 according to the accompanying Account Application.

4. 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
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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.

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.

5. 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 allow 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 of account owner, custodian, trustee, partner, officer or authorized financial advisor Date

Signature of joint owner, co-trustee, partner or officer Date