



Fund Transfer Form

Return this Form to:

CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:

CollegeCounts 529 Fund
1248 O Street, Suite 200
Lincoln, NE 68508

Use this form to transfer funds between CollegeCounts 529 Fund Advisor Plan Accounts.

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

1. Account Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number: _____ Evening Phone Number: _____

2. Transfer Funds Between CollegeCounts 529 Fund Advisor Plan Accounts

Transfer Funds From:

Account Number: _____

Beneficiary Name: _____

Transfer Funds to:

Account Number: _____

Beneficiary Name: _____

- **Important:** The beneficiaries named on the two above-referenced accounts must be related as members of the family. See the Program Disclosure Statement for the definition of “Member of the Family”. Otherwise, the Fund Transfer Form cannot be used. Instead, a nonqualified withdrawal must be requested. The earnings portion of a nonqualified withdrawal is subject to federal and state income taxes, a 10% federal penalty tax, and potential recapture taxes.

Relationship between Beneficiaries on the Accounts

(i.e. brother, sister, first cousin, etc.): _____

Amount to Transfer (check one)

Partial Transfer: \$ _____ or _____ %

Entire Balance Entire Balance and Close Account

3. Authorization

By signing below, I certify that I am the Account Owner of the Accounts indicated on this form and that the information contained herein is true, complete, and correct.

Signature and Date Required

X _____
Signature of Account Owner or Trustee Date

Print Name Here

Title (if other than an individual)