



# Rollover Form

**Return this Form to:**

**Overnight Mail:**

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

CollegeCounts 529 Fund  
6811 South 27th Street  
Lincoln, NE 68512

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7:30 a.m. to 6 p.m. (Central).

## 1. Type of Rollover/Transfer (Please check only one.)

- Another 529 College Savings Plan
- Coverdell Education Savings Account (CESA)

## 2. CollegeCounts 529 Fund Advisor Plan Account Information

CollegeCounts Account Number:\* \_\_\_\_\_

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

Beneficiary Name (First, M.I., Last): \_\_\_\_\_

Last 4 digits of Beneficiary's Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

\*If you do not have an existing CollegeCounts Account, you must complete a CollegeCounts Enrollment form.

## 3. Account to be Rolled Over (PLEASE PROVIDE A COPY OF A CURRENT ACCOUNT STATEMENT)

529 Plan Name (if CESA, leave blank): \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Current 529 Program Manager or CESA Custodian: \_\_\_\_\_

Address of Current 529 Program Manager or CESA Custodian: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number of Current 529 Program Manager or CESA Custodian: \_\_\_\_\_

Current 529 or CESA Account Owner (must be the same as your CollegeCounts Account): \_\_\_\_\_

### Current 529 or CESA Account Beneficiary (Check A or B)

**A. Same Beneficiary** as Section 2. Beneficiary Name: \_\_\_\_\_

**B. Different Beneficiary** than Section 2. Beneficiary Name: \_\_\_\_\_

Relationship to Beneficiary\* in Section 2 \_\_\_\_\_

\*Must be a Member of the Family of the Beneficiary identified in Section 2 above. See the Program Disclosure Statement for the definition of a Member of the Family.

## 4. Rollover Instructions to Current 529 Program Manager or CESA Custodian

**Full Liquidation** (Roll over ALL assets in my current account to my CollegeCounts 529 Fund Advisor Plan Account.)

Estimated Value: \$ \_\_\_\_\_

**Partial Liquidation** \_\_\_\_\_% of Account or as follows:

Fund Name	Account Number	Dollar Amount
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL

## 5. Rollover Instructions for the CollegeCounts 529 Fund Advisor Plan

- Fee Structure A at NAV:** I have previously paid a front-end sales charge (i.e., Class A shares) on the assets I am rolling over and/or transferring and direct they be invested in Fee Structure A at NAV in a CollegeCounts 529 Fund Advisor Plan Account. The waiver is only applicable to the assets being rolled over. Additional contributions will be assessed the applicable sales charge.

This initial sales charge waiver is only available through certain broker-dealers. Check with your financial advisor to see if you are eligible before initiating a rollover.

## 6. Signature and Authorization

I hereby authorize and direct the Rollover indicated above and certify that I have read the Program Disclosure Statement and understand the rules and requirements governing rollovers from other 529 plans or Coverdell Education Savings Accounts.

**IMPORTANT:** I certify that this Rollover is for the same Beneficiary and that there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months OR that this Rollover is for a different Beneficiary and the Beneficiary on the CollegeCounts 529 Fund Advisor Plan Account is a Member of the Family (as defined in the Program Disclosure Statement) of the Beneficiary on the current 529 plan account I am rolling over.

I certify that all the information contained herein is true and correct.

I acknowledge that the Rollover of funds to the CollegeCounts 529 Fund Advisor Plan may have special tax consequences and that neither the Board, the State Treasurer of Alabama, the Program Manager, nor the Distributor will be responsible for the tax consequences of any such Rollover.

**I acknowledge that the Rollover proceeds will be invested according to my current investment election on file with the CollegeCounts 529 Fund Advisor Plan for my Account at the time the assets are received.**

By signing below, I authorize the CollegeCounts 529 Fund Advisor Plan to inquire into issues relating to the transfer of my account and for the current 529 program manager or Coverdell Education Savings Account custodian to provide information to the CollegeCounts 529 Fund Advisor Plan as they may request.

### Signature and Date Required

<b>X</b> _____	_____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date
_____	
Print Name Here	
_____	
Title (if other than an individual)	

## Medallion Signature Guarantee

Contact your current 529 program manager or CESA custodian to determine if a Medallion Signature Guarantee is required. Many do require a Medallion Signature Guarantee. Without this, the rollover may be delayed. A notary public CANNOT provide a signature guarantee.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY SEAL IS NOT ACCEPTABLE)



Offered by the  
State of Alabama

Northern Trust  
Securities, Inc.  
Distributor

UBT 529 Services a Division of  
**UBT**  
Union Bank & Trust  
Program Manager