Kentucky Education Savings Plan Trust

Rollover Form for New or Existing Accounts

Use this form to rollover funds into the Plan
Questions? Call toll-free 1-877-598-7878
P.O. Box 8100, Boston, MA 02266-8100
Visit www.kysaves.com

Instructions

- Read the Plan *Disclosure Booklet* for complete rollover information before completing this form.
- Complete a separate form for each rollover account and submit a new *Account Application* along with this form, unless you already have a *Kentucky Education Savings Plan Trust* (KESPT) Account for this Beneficiary.
- Your current Qualified Tuition Program may require a medallion signature guarantee[1] on this form, or it may have additional requirements before releasing your funds. To avoid delays, please call your current Qualified Tuition Program for instructions before mailing this form to the *Kentucky Education Savings Plan Trust.*
- Unless the Plan receives a breakdown of earnings and contributions for your original account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.
- Print in capital letters with blue or black ink, sign and date the form and mail it to the Plan at the above address.

1 Type of Rollover *(Check only one box.)*

☐ **Direct Rollover from another Qualified Tuition Program (QTP) or Kentucky's Affordable Prepaid Tuition Program**
We will request a transfer of funds on your behalf directly from your current qualified tution plan or your Kentucky Affordable Prepaid Tuition Plan into your KESPT Account but you should verify whether your current Qualified Tuition Plan has any additional requirements before you submit this form to KESPT.

☐ **Indirect Rollover from another Qualified Tuition Program (QTP), or Kentucky's Affordable Prepaid Tuition Program or from a Coverdell Education Savings Account**
Your check must be payable to the *Kentucky Education Savings Plan Trust* and must be received by the KESPT within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

2 KESPT Plan Account Information *(This is your new or existing KESPT Account.)*

You can rollover assets, either directly or indirectly, into a KESPT Account for the same Beneficiary or into a KESPT Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*. However, funds that were previously on deposit in a custodial account under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can only be deposited into an UGMA/UTMA account for the same Beneficiary within KESPT.

Who is the KESPT Beneficiary?	☐ **Same Beneficiary**	☐ **New Beneficiary,** excluding Custodial (UGMA/UTMA)	
Type of Account: *(Check only one.)*	☐ **Individual**	☐ **Custodial** (UGMA/UTMA)	☐ **Entity**

_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _
Fund and Plan Account Number (Leave blank for a new KESPT Account.)

_ _ _ - _ _ - _ _ _ _
Beneficiary Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

3 Contribution Instructions *(Your funds may be deposited to any one or more of the following Investment Options.)*

Please indicate whether your contribution will be deposited into a new Investment Option or into one you already own.

Investment Options *($25 minimum per Option)*	**Select your Investment Options**		
	Provide amount ($ or %)		**New option?**
Managed Allocation Option	$	%	☐ Yes OR ☐ No
Active Equity Option (1970)	$	%	☐ Yes OR ☐ No
Equity Index Option (1969) [2]	$	%	☐ Yes OR ☐ No
Fixed Inc ome Option (1971)	$	%	☐ Yes OR ☐ No
Guaranteed Option (1819)	$	%	☐ Yes OR ☐ No
TOTAL ROLLOVER CONTRIBUTION AMOUNT	$	**100.00%**	

[1] Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.

[2] Prior to November 3, 2008 the Equity Index Option was called the 100% Equity Option.

4 Instructions to your current Qualified Tuition Program *(Complete this section only for a **direct rollover.**)*

Use a separate *Rollover Form for New or Existing Accounts* for each Qualified Tuition Program you maintain for this Beneficiary.

Account Number (This is the Account you have with your current QTP.)

Beneficiary Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

To my current Qualified Tuition Program: *(Check only one box.)*

Please withdraw funds from my account as requested here, issue a rollover check to the *Kentucky Education Savings Plan Trust* and mail to the address below.

☐ **Rollover the ENTIRE balance in my account. (Est. Amt.: $ _____.)**

OR

☐ **Rollover a PARTIAL balance in my account, as indicated below.**

Investment Option(s)	Rollover Amount(s)
1.	**$**
2.	**$**
3.	**$**
4.	**$**
TOTAL OUTGOING ROLLOVER AMOUNT	**$**

Provide the name and mailing address for your current Qualified Tuition Program.

Current Qualified Tuition Program Name

Mailing Address Line 1

Mailing Address Line 2

City, State, Zip

5 Signature and Authorization *(Account Owner, Custodian or Authorized Representative of Entity must sign here.)*

By signing below, I certify the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I certify that I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another Qualified Tuition Plan or from a Coverdell Education Savings Account . I understand that the *Kentucky Education Savings Plan Trust* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

For Entity Accounts, *e.g. Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.*

- I certify that the rollover requested on this form is authorized by the entity Account Owner named in Section 2 and that I have been authorized by the entity to act on its behalf in executing this form.

Signature of Account Owner, Custodian or Authorized Representative of Entity *Date*

Mail this form to:

Overnight Mail
Kentucky Education Savings Plan Trust
30 Dan Road
Canton, MA 02021-2809

Regular Mail
Kentucky Education Savings Plan Trust
P.O. Box 8100
Boston, MA 02266-8100

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