



Kentucky Education Savings Plan Trust Rollover Form for New or Existing Accounts

Use this form to roll over funds into the Program

Questions? Call toll-free 1-877-598-7878

P.O. Box 8100, Boston, MA 02266-8100

Visit www.kysaves.com

Instructions

- Please read the *Program Disclosure Booklet* and *Participation Agreement* (contained in the *Program Disclosure Booklet*) for complete Rollover information before completing this form.
- Your rollover proceeds will be invested according to the allocation instructions you provide in Section 3 below. For new Accounts, the Program will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new *Account Application* along with this form, unless you already have a Program Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Signature Validation Program Stamp or Medallion Signature Guarantee may be required as described in section 7.¹ Please see the **Important Information** box at the end of this form for additional instructions.

1 Account Information

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Program Account Number (Please complete one form for each Account)

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Telephone Number

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

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Beneficiary Name (First, MI, Last, Suffix)

2 Type of Rollover (Check only one box.)

Direct Rollover from another qualified tuition program (QTP)

We will request a transfer of funds on your behalf directly from your current qualified tuition program account into your Program Account. Please verify whether your current qualified tuition program account has any additional requirements before sending this form to the Program.

Indirect Rollover from another qualified tuition program (QTP) or a Coverdell Education Savings Account (Coverdell ESA)

Your check must be payable to the *Kentucky Education Savings Plan Trust* and must be received by the Program within 60 days of the date of withdrawal from the other qualified tuition program or Coverdell ESA account to qualify for rollover treatment.

3 Allocation Instructions

(Check one box)

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
 - Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
 - The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
 - These allocation instructions will not apply to payroll deduction contributions, if any.

You can change your Allocation Instructions online, by telephone or by form at any time.

Who is the Beneficiary?	<input type="checkbox"/> Same Beneficiary	<input type="checkbox"/> New Beneficiary, excluding UGMA/UTMA
Type of Account: (Check only one.)	<input type="checkbox"/> Individual	<input type="checkbox"/> Custodial (UGMA/UTMA) <input type="checkbox"/> Entity

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option ²
Managed Allocation Option	%	<input type="checkbox"/> New Option
Active Equity Option (1970)	%	<input type="checkbox"/> New Option
Equity Index Option (1969)	%	<input type="checkbox"/> New Option
Balanced Option (2006)	%	<input type="checkbox"/> New Option

¹ Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp or a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

² If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option²
Fixed Income Option (1971)	%	<input type="checkbox"/> New Option
Guaranteed Option (1819)	%	<input type="checkbox"/> New Option
TOTAL	100%	

4 Your Current 529 Plan Account Information

The Participant Name and Social Security number or Individual Taxpayer ID number must be the same on the account from which you are transferring assets **as on your Kentucky Education Savings Plan Trust Account.**

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Account Number (This is the Account from which you are transferring assets.)

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Account Owner Social Security or Taxpayer Identification Number

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

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Beneficiary Name (First, MI, Last, Suffix)

5 Name and Address of your Current 529 Plan

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Current Qualified Tuition Program Name

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Mailing Address Line 1

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Mailing Address Line 2

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City, State, Zip

6 Instructions to your Current 529 Plan

To my current Qualified Tuition Program:

Please roll over the assets from my account(s) as requested below and mail a check to **the Kentucky Education Savings Plan Trust** Enclose a breakdown of the principal and earnings portion of the distribution with the check.
(Check only one box)

- Roll over the ENTIRE balance in my account. (Estimated Amount: \$ _____) OR
- Roll over a PARTIAL balance in my account, as indicated below.

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

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

By signing below, I certify and understand the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, 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, this amount was withdrawn from another Qualified Tuition Program 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.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from my original account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, a medallion signature guarantee appears below.³)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

IMPORTANT INFORMATION

Your current Qualified Tuition Program may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current Qualified Tuition Program for instructions before mailing this form to the Program.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

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



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³ 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.