



Oklahoma College Savings Plan Incoming Rollover Form

Questions? Call toll-free 1-877-654-7284
Or write to the Plan at P.O. Box 219249 Kansas City, MO 64121-9249
Visit www.OK4saving.org

Instructions

- Please read the *Plan Disclosure Booklet* and *Participation Agreement* (contained in the *Plan 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 Plan 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 Plan 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 Oklahoma College Savings Plan Account Information

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Plan 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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Account Owner Email Address

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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 Plan Account. Please verify whether your current qualified tuition program account has any additional requirements before sending this form to the Plan.

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

Your check must be payable to the *Oklahoma College Savings Plan* and must be received by the Plan 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 Plan 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.

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option²
Conservative Managed Allocation Option (Age-Based)	%	<input type="checkbox"/> New Option
Moderate Managed Allocation Option (Age-Based)	%	<input type="checkbox"/> New Option
Aggressive Managed Allocation Option (Age-Based)	%	<input type="checkbox"/> New Option
Diversified Equity Option (2241)	%	<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
U.S Equity Index Option (2262)	%	<input type="checkbox"/> New Option
Global Equity Index Option (1953)	%	<input type="checkbox"/> New Option
Balanced Option (2240)	%	<input type="checkbox"/> New Option
Fixed Income Option (2242)	%	<input type="checkbox"/> New Option
Guaranteed Option (1954)	%	<input type="checkbox"/> New Option
100%		

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

4 Your Current 529 Plan Account Information

The Account Owner 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 Oklahoma College Savings Plan 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 Oklahoma College Savings Plan . Enclose a breakdown of the principal and earnings portion of the distribution with the check.	
(Check only one box)	
<input type="checkbox"/> Roll over the ENTIRE balance in my account. (Estimated Amount: \$ _____) OR	
<input type="checkbox"/> 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 (You must sign this section)

By signing below, I certify the following:

- I certify that I have read the Plan Disclosure Booklet and that I understand the rules and regulations governing rollover contributions for 529 plan accounts, including that IRS regulations permit only one such rollover for the same beneficiary in a 12-month period.
- 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.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of Account Owner, or an entity Account Owner, a Medallion Signature Guarantee appears below.)

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 *Plan*. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.



Overnight Mail
Oklahoma College Savings Plan
430 W 7th Street Suite 219249
Kansas City, MO 64105-1407

Regular Mail
Oklahoma College Savings Plan
P.O. Box 219249
Kansas City, MO 64121-9249

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GUARANTOR TO AFFIX STAMP HERE