Path2College 529 Plan
Save for the future. Today.®
Offered by the State of Georgia

Path2College 529 Plan

Rollover Form for New or Existing Accounts

Use this form to rollover funds into the Plan
Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.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*, unless you already have a *Path2College 529 Plan* Account for this Beneficiary.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from your original account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Medallion Signature Guarantee stamp may be required as described in section 5.[1] Read the *Important Information* on the following page.

1 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 into your Path2College 529 Plan Account but you should verify whether your current Qualified Tuition Program has any additional requirements before you submit this form to the Path2College 529 Plan.

☐ **Indirect Rollover from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account**
Your check must be payable to the *Path2College 529 Plan* or the *Georgia Higher Education Savings Plan*, and must be received by the Plan within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

2 Path2College 529 Plan Account Information *(This is your new or existing Plan Account.)*

You can rollover assets, either directly or indirectly, into a Path2College 529 Plan Account for the same Beneficiary or into an Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*.

NOTE: Funds that were previously on deposit in a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) may only be deposited into an UGMA/UTMA account for the same Beneficiary.

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

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

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

Beneficiary Name (First, MI, Last, Suffix)

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Account Owner Social Security or Taxpayer Identification

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.

NOTE: If you allocate your initial contribution to the Guaranteed Option, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Guaranteed Option to the Money Market Option will not be permitted.

Investment Option Name *(Fund Type)*	**Select your Investment Options** *($25 minimum per Option)*		
	Provide amount ($ or %)		**New option?**
Managed Allocation Option *(Age based)*	**$**	**%**	☐ Yes OR ☐ No
Aggressive Managed Allocation Option *(Age based)*	**$**	**%**	☐ Yes OR ☐ No
100% Equity Option *(Equity)*	**$**	**%**	☐ Yes OR ☐ No
Balanced Fund Option *(Blended)*	**$**	**%**	☐ Yes OR ☐ No
Fixed Income Option *(Fixed Income)*	**$**	**%**	☐ Yes OR ☐ No
Guaranteed Option *(Guaranteed)*	**$**	**%**	☐ Yes OR ☐ No
Money Market Option *(Capital Preservation)*	**$**	**%**	☐ Yes OR ☐ No
TOTAL INCOMING ROLLOVER AMOUNT	**$**	**100.00%**	

[1] A Medallion Signature Guarantee is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

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.)

Account Owner 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 *Path2College 529 Plan or the Georgia Higher Education Savings Plan*, 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.	**$**
TOTAL OUTGOING ROLLOVER AMOUNT	**$**

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 Coverdell Education Savings Account. I understand that the *Path2College 529 Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

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 the Account Owner, or an entity Account Owner, a medallion signature guarantee stamp appears below.[1])

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 stamp 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 or a Signature Validation Program Stamp will be provided.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

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Program Administration by TIAA-CREF Tuition Financing, Inc.