

# SMART529 Select Incoming Rollover/Transfer Form



SMART529 is a program of the Board of Trustees of the West Virginia College and Jumpstart Savings Programs and is administered by Hartford Funds Management Company, LLC

- Complete this form to initiate a direct rollover from another 529 plan, an Education Savings Account (ESA), Qualified Savings Bond (EE Savings Bond), or if you are transferring from another savings account, such as a mutual fund, bank, CD, or any other type of account to an existing Account in the SMART529 Select College Savings Plan (SMART529 Select). *(If you have not established an Account, you must also complete and enclose an **Account Application** or enroll online at [www.SMART529Select.com](http://www.SMART529Select.com).)*
- If you are rolling over funds from a 529 Plan, ESA, or EE Savings Bond — fill out **Sections 1, 2, 3, 5, 6**. If you are transferring from another savings account — fill out **Sections 1, 2, 4, 5, 6**.
- Once every 12 months you may roll over assets from the same Designated Beneficiary. You may also roll over assets at any time when you change your Designated Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address on the last page. Do not staple.

Fillable forms can be downloaded from our website at [www.SMART529Select.com](http://www.SMART529Select.com), or you can call us to order any form — or request assistance in completing this form — at **1.866.574.3542**, Monday–Thursday 8 a.m. to 7 p.m. Eastern time and Friday 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:
<b>SMART529 Select</b> <b>P.O. Box 55371</b> <b>Boston, MA 02205-5371</b>	<b>SMART529 Select</b> <b>95 Wells Ave., Suite 155</b> <b>Newton, MA 02459-3204</b>

## 1. Rollover type

- Rollover from a 529 college savings plan (529 Plan).
- Rollover from an Education Savings Account (ESA).
- Rollover from a Qualified Savings Bond (EE Savings Bond).
- Re-allocation from another West Virginia 529 Plan. **Note:** This option is considered an investment strategy change and will count as one of your allowable investment strategy changes per calendar year, as outlined in the Offering Statement.
- Transfer from another savings account.

## 2. SMART529 Select Account information

Account Number (If you have not established an Account, also complete and enclose an **Account Application**.)

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Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

Name of Account Owner (first, middle initial, last)

Name of Account Owner (first, middle initial, last)

Telephone Number (In case we have a question about your Account.)

Telephone Number (In case we have a question about your Account.)

Name of Designated Beneficiary (first, middle initial, last)

Name of Designated Beneficiary (first, middle initial, last)

Designated Beneficiary's Social Security Number or Taxpayer Identification Number (Required)

Designated Beneficiary's Social Security Number or Taxpayer Identification Number (Required)



\* SELECT ROLLOVER \*

### 3. Current 529 Program Manager or ESA Custodian (Financial Institution)

The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your Account with SMART529 Select. Please contact your current 529 Program Manager or Custodian for proper mailing address.

You must provide a statement from your existing 529 Program Manager, detailing your existing account's basis and earnings. If you do not provide a breakdown of your investment portion and earnings portion, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Check if you are investing the proceeds from an UGMA/UTMA Account.

Account Number of 529 Plan or ESA

Account Number of 529 Plan or ESA

Name of Current 529 Program Manager or Custodian (Usually a financial institution)

Name of Current 529 Program Manager or Custodian (Usually a financial institution)

Full Name of 529 Plan (If applicable)

Full Name of 529 Plan (If applicable)

Address

Address

City

City

State

State

Zip Code

Zip Code

Contact Person

Contact Person

Telephone Number

Telephone Number

Check this box if the Designated Beneficiary on this account differs from the Designated Beneficiary indicated in **Section 2**.

### 4. Current Savings Account (Financial Institution)

Please provide information about the savings account from which you are transferring money (the "Transfer Account") to SMART529 Select.

Check if you are investing the proceeds from an UGMA/UTMA Account.

Account Number

Account Number

Name of Savings Account (financial institution)

Name of Savings Account (financial institution)

Address

Address

City

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

**5. Instructions to current 529 Program Manager, ESA Custodian, or Savings Account**

The assets described below must all be held by the Financial Institution indicated in **Section 3** or **Section 4**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

**Check one.**

A.  **Roll over/Transfer all of the assets in my account(s) to my SMART529 Select account.** *(To list more than two accounts, use a separate sheet.)*

Account Number

\$   
Estimated Account Value

Account Number

\$   
Estimated Account Value

B.  **Roll over/Transfer a portion of the assets as directed below to my SMART529 Select account.** *(To list more than two options, use a separate sheet.)*

Account Number

Name of Investment Portfolio

\$   
Amount

Account Number

Name of Investment Portfolio

\$   
Amount

**6. Signature — YOU MUST SIGN BELOW**

**If your current 529 Manager, Custodian, or Savings Account requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this rollover/transfer.**

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the SMART529 Select College Savings Plan Offering Statement, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings accounts. I understand that IRS regulations permit only one such rollover for the same Designated Beneficiary in a 12-month period for 529 plan accounts.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Medallion Signature Guarantee — IF APPLICABLE**

SIGNATURE

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

**7. Authorization and acceptance** *(No Account Owner action is necessary in this section.)*

The SMART529 Select College Savings Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

  
Authorized signature, SMART529 Select College Savings Plan

**INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **SMART529 Select, P.O. Box 55371 Boston, MA, 02205-5371**. Make the check payable to **SMART529**. Include the Account Owner name and the SMART529 Select Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.

