NC 529 Plan

North Carolina's National College Savings Program

Incoming Rollover Form

To complete this form, please print clearly, preferably in capital letters and black ink.

This form will initiate a Rollover of assets from another 529 plan or Coverdell Education Savings Account (ESA) to an existing Account in North Carolina's National College Savings Program. ***Note:*** **If you have not established an Account, you must also complete online or by mail an** ***Enrollment and Participation Agreement.***

When complete, please send this form to your current plan administrator.

To order any form or ask questions about the Program, please call us toll free at 800-600-3453, Monday -- Thursday, 8 a.m. -- 8 p.m. and Friday, 8 a.m. -- 5 p.m. ET. Forms and information are also available online at **CFNC.org/NC529.**

WHEN COMPLETE, PLEASE SEND THIS FORM TO YOUR CURRENT PLAN ADMINISTRATOR.

Note: If funds for this Rollover are from an UGMA/UTMA Custodial Account, you must place them into an NC 529 Plan Account established as an UGMA/UTMA.

1 Your Current 529 Program Manager or Coverdell ESA Custodian

The 529 plan or Coverdell education saving account (ESA) from which you are moving assets must have the same Participant name as well as Social Security or Taxpayer Identification Number as your Account in the NC 529 Plan.

Account Number of 529 Program or Coverdell ESA

Name of Current Program Manager or Coverdell Custodian

Address (line 1)

Address (line 2)

City | State | Zip or Postal Code | Country (if not U.S.)

Contact Person (First, Middle, Last, Suffix)

Primary Telephone Number (8:00 a.m. to 5:00 p.m.) | Alternate Telephone Number

E-mail Address

❑ Check this box if the Beneficiary on this Account **is different from** the Beneficiary associated with your NC 529 Account named in **Section 3**.

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2 Participant Instructions to Your Current 529 Program Manager or Coverdell ESA Custodian

The assets you list must all be held by the financial institution indicated in **Section 1**. If you are moving assets from more than one institution, fill out a separate form for each. If you already have an Account in the NC 529 Plan, your rollover proceeds will be invested according to the allocation instructions on file at the time the assets are received. If you are establishing a new Account, the proceeds will be invested according to your instructions in your *Enrollment and Participation Agreement*.

To current 529 Program Manager or Coverdell ESA Custodian

Check one.

❏ **Roll over all of the assets in my account.**

My estimated account value:

$ ☐☐☐,☐☐☐.☐☐

❏ **Roll over a portion of the assets as directed below.**

To list more than five options, use a separate sheet.

Name of Investment at Current 529 Program or Coverdell ESA	Dollar Amount *(for partial amount)*	OR	Total Balance *(Check if rolling over entire amount)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

3 NC 529 Plan Account Information

Account Number (If you have not established an Account, you must complete an Enrollment and Participation Agreement.)

Social Security or Taxpayer Identification Number

Name of Participant (First, Middle, Last, Suffix)

Daytime Telephone Number

Evening Telephone Number

Name of Beneficiary (First, Middle, Last, Suffix)

Beneficiary Social Security or Taxpayer Identification Number

4 Participant Signature – You must sign below

If your current 529 program manager or Coverdell ESA custodian requires a signature guarantee, do not sign below until you are in the presence of the 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 signature guarantee, nor can you guarantee your own signature. The lack of a required signature guarantee could delay this Rollover.

I certify that I have read the Program Description and understand the rules and regulations governing Rollover and transfer Contributions from other 529 plans and Coverdell ESA. I understand that IRS regulations permit only one such Rollover for the same Beneficiary in a 12-month period for 529 accounts.

Signature of Participant
(If the Participant is a minor, the parent or guardian of record must sign.)

Date (month, day, year)

Signature Guarantee — if required by Your Current 529 Program Manager or Coverdell ESA Custodian

Signature of Guarantor

Title/Name of Institution

Date (month, day, year)

Authorized Officer to Place Stamp Here

5 Instructions to 529 Program Manager or Coverdell ESA Custodian

Please send redemption proceeds by check made payable to NC 529 Plan to the address below. Include the Participant's Social Security or Taxpayer Identification Number on the check and enclose a statement that shows the principal and earnings portions of the distribution.

Mail proceeds to:

NC 529 Plan
P.O. Box 40877
Raleigh, NC 27629-0877