NC 529 Plan

North Carolina's National College Savings Program

Redeposit Request Form

College Foundation of North Carolina

Make checks payable to: "NC 529 Plan"

If your Beneficiary's school refunded a portion of Qualified Higher Education Expenses that were paid using funds from a Qualified Withdrawal from your NC 529 Plan Account, you may request that those funds be redeposited into the same Account to avoid certain tax consequences and penalties, as long as you meet the IRS requirements.

1. You must redeposit the refund from your Beneficiary's Eligible Institution into an NC 529 Plan Account for the same Beneficiary from which the original distribution was taken;
2. You must submit this request to have your refund redeposited within 60 days of the date of the refund;
3. You may only redeposit a refund of Qualified Higher Education Expenses;
   and
4. Your redeposit must not exceed the amount of the original distribution from your Account.

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

Overnight or registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax to: 919-835-2304

Email to: savings@cfnc.org

For questions or forms, contact the Program Administrator: College Foundation, Inc.
NC529.org 800-600-3453
919-828-4904 (Raleigh)

One of the College Foundation of North Carolina (CFNC) services helping students and families plan, apply and pay for college.

Please print clearly in capital letters and dark ink.

1 Participant Information

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

Check type and enter the number. ☐ SSN ☐ TIN

Social Security or Taxpayer Identification Number

Account Number

$

Amount Being Redeposited

Date of Refund from Beneficiary's Eligible Institution (month, day, year)

Date of Original Distribution (month, day, year)

$

Amount of Original Distribution

2 Participant Signature – You Must Sign Below

By signing this form and submitting it to College Foundation, Inc., the Program Administrator, I confirm that I have read the instructions in the gray box above, my redeposit request meets all the criteria listed, and I hereby certify that all of the information in this form is true, complete and correct. I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate the redeposit of refunded Qualified Higher Education Expenses for tax purposes and that requests to redeposit funds that do not meet IRS requirements may be deemed new Contributions and tax consequences and penalties may apply.

Signature of Participant

Date (month, day, year)

Please print, sign, and mail to the NC 529 Plan.