ScholarShare College Savings Plan

Rollover Form for New or Existing Accounts

Use this form to roll over funds into the Plan

Questions? Call toll-free 1.800.544.5248
P.O. Box 55205 Boston, MA 02205-5205
Visit www.ScholarShare.com

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 Rollover 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 Account Information

Plan Account Number (Please complete one form for each Account)

Telephone Number - -

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

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 *ScholarShare 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 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 Portfolio 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.

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

Investment Portfolio Name *(Investment Portfolio Code)*	***Whole Percentage*** *(per Investment Portfolio)*	**Check if new Investment Portfolio[2]**
Active Age-Based Portfolio	%	☐ New Portfolio
Passive Age-Based Portfolio	%	☐ New Portfolio

[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 Portfolio is opened, a different portfolio 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 Portfolio Name *(Investment Portfolio Code)*	***Whole Percentage*** *(per Investment Portfolio)*	**Check if new Investment Portfolio[2]**
Active Diversified Equity Portfolio (2929)	%	☐ New Portfolio
Active Growth Portfolio (2930)	%	☐ New Portfolio
Active Moderate Growth Portfolio (2931)	%	☐ New Portfolio
Active Conservative Portfolio (2932)	%	☐ New Portfolio
Active International Equity Portfolio (2934)	%	☐ New Portfolio
Active Diversified Fixed Income (2935)	%	☐ New Portfolio
Passive Diversified Equity Portfolio (2945)	%	☐ New Portfolio
Passive Growth Portfolio (2946)	%	☐ New Portfolio
Passive Moderate Growth Portfolio (2947	%	☐ New Portfolio
Passive Conservative Portfolio (2948)	%	☐ New Portfolio
Passive Diversified Fixed Income Portfolio (2949)	%	☐ New Portfolio
Index International Equity Portfolio (2951)	%	☐ New Portfolio
Social Choice Portfolio (2933)	%	☐ New Portfolio
Index Bond Portfolio (2950	%	☐ New Portfolio
Index U.S. Large Cap Equity Portfolio (2952)	%	☐ New Portfolio
Index U.S. Equity Portfolio (2953)	%	☐ New Portfolio
Principal Plus Interest Portfolio (2954)	%	☐ New Portfolio

4 Your Current 529 Plan Account Information

The Participant 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 ScholarShare College Savings Plan Account.**

Account Number (This is the Account from which you are transferring assets.)

Participant Social Security or Taxpayer Identification Number

Participant Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

5 Name and Address of your Current 529 Plan

Current Qualified Tuition Program Name

Mailing Address Line 1

Mailing Address Line 2

City, State, Zip

[1] If a new Investment Portfolio is opened, a different portfolio 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.

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 ***ScholarShare College Savings Plan***. Enclose a breakdown of the principal and earnings portion of the distribution with the check.

(Check only one box)

☐ **Rollover the ENTIRE balance in my account.** (Estimated Amount: $ _____) **OR**

☐ **Rollover a PARTIAL balance in my account, as indicated below.**

Investment Portfolio(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 and understand the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of Beneficiary, 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, this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account. I understand that the ScholarShare *College Savings Plan* must receive this check within 60 days of that withdrawal to qualify for rollover treatment.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including a breakdown of the earnings and contributions, from my original account.

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 or a Signature Validation Program Stamp appears below.)

_____

Signature of Participant or Authorized Representative *Date*

Medallion Signature Guarantee – if applicable

Important Information – Medallion Signature Guarantee[3] Your current 529 plan may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to ScholarShare. 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.

Guarantor to Affix Stamp Here

TIAA CREF Financial Services

Mail this form to:

ScholarShare College Savings Plan
P.O. Box 55205
Boston, MA 02205-5205

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[3] 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.