



# College Savings Plan Rollover Form

## Important information about this form:

- Fill out this form to make a rollover from another 529 College Savings account, an UTMA/UGMA Account\*, Coverdell Education Savings Account or qualified U.S. Savings Bond to a DreamAhead College Investment Plan (“the Plan”) account.
- **Do not use this form to roll over a Guaranteed Education Tuition (GET) program account to DreamAhead.** To learn more about how to initiate a GET to DreamAhead rollover, visit [wastate529.wa.gov/get-rollovers](http://wastate529.wa.gov/get-rollovers).
- Do not use this form to change the Beneficiary of a DreamAhead account, instead use the **Change Beneficiary Form**.
- If you need to open an account, sign up online at [wastate529.wa.gov](http://wastate529.wa.gov) or submit an Enrollment Form along with this form.
- The Account Owner must remain the same. If you would like to change the Account Owner, please do so on the other 529 College Savings account before completing this form.
- For direct rollovers from other 529 College Savings accounts into your DreamAhead account, you must have the information available for your other 529 College Savings accounts. The funds will be sent directly to your DreamAhead account by the Plan Manager for the other 529 college savings account. The other 529 College Savings account might also require a Medallion Signature Guarantee (**Step 8**).
- For indirect rollovers from a 529 College Savings account, you must deposit the amount you withdrew from the other 529 College Savings account within 60 days of opening a new DreamAhead account or the monies may be subject to tax penalties.
- You can only make one rollover for this Beneficiary’s account once every 12 months.
- The combined maximum account balance for all the Account Owner’s 529 accounts, including DreamAhead, must not exceed \$500,000.
- A notarization acknowledgement is required for an entity account or an account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 7**).
- Make sure you use black ink to type or print clearly in capital letters. Please use a paperclip, do not staple pages together.

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at

**1-844-529-5845**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

DreamAhead College  
Investment Plan  
PO Box 534421  
Pittsburgh, PA 15253- 4421

## Overnight Mail:

DreamAhead College  
Investment Plan  
Attention: 534421  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

833-286-8313

\* Uniform Gift to Minors Act (UGMA)/Uniform Transfer to Minors Act (UTMA)

## 1 Account information

This is the DreamAhead 529 College Savings account you're rolling assets into.

Please submit an **Enrollment Form** with this form if you are opening a new account.

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Account number (May be 12 or 13 digits. Leave this blank if you're enrolling in a new account)

## 2 Rollover type

Select the type of rollover you want to make and follow the assigned steps.

- Direct rollover** – Roll over assets directly from another 529 College Savings account into an existing DreamAhead account. (Complete **Step 3, 5**, and possibly **7** if a notarization is required by the other 529 College Savings Plan Manager)
- Indirect rollover** – Deposit assets that have been withdrawn from another 529 College Savings account, UGMA/UTMA account, Coverdell Education Savings Account or qualified U.S. Savings Bond into the new DreamAhead account. (Complete **Step 4**, and **5**)

## 3 Direct Rollover information

Only complete this step if you're making a direct rollover.

This is the other 529 College Savings account you're rolling assets from.

Is the Beneficiary the same for both the other 529 account and the existing DreamAhead account?

- Yes
- No, and I certify that the new Beneficiary listed above meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the Beneficiary.

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### Who should we contact?

We need the following information for the other Account Owner in case there are any questions about the account:

\_\_\_\_\_

**Contact name** (First and last)

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

**Telephone number**

### Other 529 College Savings Plan information

\_\_\_\_\_

**College Savings Plan name**

\_\_\_\_-\_\_\_\_

**529 Plan State Sponsor** (2-character state abbreviation)

\_\_\_\_\_

**Other 529 College Savings account number**

### Other Plan Manager's address

\_\_\_\_\_

**Street address 1**

\_\_\_\_\_

**Street address 2**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

**ZIP Code**

\_\_\_\_\_

**Name of Account Owner** (First and last)

### Account Owner's Social Security or Taxpayer Identification Number

If you need to change the Account Owner, please make the change with the other 529 College Savings plan before completing this form.

\_\_\_\_\_

**Email address associated with other 529 College Savings account**

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\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number

\_\_\_\_\_  
Name of Beneficiary (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

### Instructions for the other 529 College Savings Plan

#### A Source of funds:

These instructions will be used by the other 529 College Savings Plan Manager. To add more investment portfolios, please include a separate page with this form.

_____	<input type="radio"/> Full balance	\$ _____ , _____ . _____
Investment portfolio name	<input type="radio"/> Partial amount	Amount
_____	<input type="radio"/> Full balance	\$ _____ , _____ . _____
Investment portfolio name	<input type="radio"/> Partial amount	Amount
_____	<input type="radio"/> Full balance	\$ _____ , _____ . _____
Investment portfolio name	<input type="radio"/> Partial amount	Amount

#### B What's the total?

This should be the sum of the portfolios listed in **Step 3A** above.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Full rollover amount**  
(There's a \$500,000 maximum account balance)\*

\* Rollovers that cause the DreamAhead account to exceed the \$500,000 maximum balance will be rejected in their entirety.

## 4 Indirect Rollover information

Only complete this step if you're making an indirect rollover.

### A What is the source of the funds for this indirect rollover?

- Another 529 College Savings Account**  
The assets from the other 529 College Savings account must be deposited within 60 days of withdrawal. Please provide the information below and submit a copy of the most recent quarterly statement from the other 529 College Savings account along with your check and this form.
- Proceeds from the withdrawal of a UGMA/UTMA account**  
Provide the information below and submit an account statement with these amounts along with your check and this form.
- Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)**  
Provide the information below and submit an account statement with these amounts along with your check and this form.
- Proceeds from the withdrawal of a qualified U.S. Savings Bond**  
Provide the breakdown of cost basis and earnings below and submit a Form 1099 with these amounts along with your check and this form.

### B Rollover details:

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Principal of the rollover**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Earnings of the rollover**

### C Tell us what's on the check:

Make the check payable to DreamAhead.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Full amount of the rollover**

(There's a \$500,000 maximum account balance)\*

\* Rollovers that cause the DreamAhead account to exceed the \$500,000 maximum balance will be rejected in their entirety.

## 5 Rollover contribution information

Provide instructions to the DreamAhead College Investment Plan for how to invest the rollover amount provided in either **Step 3** or **Step 4**.

For a full list of all the portfolio options, please go online to [wastate529.wa.gov](http://wastate529.wa.gov) or see the **Program Details Booklet** for important information about the investment options before making a decision.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_ _ _ _		_ _ _ %
Code	Portfolio name	Percent

_ _ _ _		_ _ _ %
Code	Portfolio name	Percent

_ _ _ _		_ _ _ %
Code	Portfolio name	Percent

_ _ _ _		_ _ _ %
Code	Portfolio name	Percent

_ _ _ _		_ _ _ %
Code	Portfolio name	Percent

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Total = 100%

## 6 Sign the form

By signing this, you're agreeing to these statements:

- I confirm that I received, understand, consent, and agree to all the terms and conditions of the DreamAhead **Program Details Booklet** as they relate to this rollover request.
- If I'm making a direct rollover, I authorize the other 529 College Savings Plan Manager, or its designee, to roll over assets into the DreamAhead account according to these instructions.
- I certify that this is the only rollover for this Beneficiary's 529 College Savings account in the last 12 months.
- I certify that if rolling over assets to my DreamAhead for a new Beneficiary, they qualify as a "Member of the Family."
- If this is an indirect rollover from another 529 College Savings account, the request was made within 60 days of withdrawal.
- I understand that I cannot make additional contributions when the fair market value of my DreamAhead account exceeds \$500,000.
- I understand that if this is an indirect rollover, the Account Owner of the account from which assets are being withdrawn, is responsible for providing the DreamAhead Program with a statement that certifies the breakdown of the assets being rolled over. I further understand that until such statement is provided, the DreamAhead College Investment Plan will treat the entire rollover as earnings.
- I understand that a rollover that doesn't meet the above conditions may result in the earning portion of the deposit being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.
- I certify that the above is, to the best of my knowledge, accurate data regarding the rollover of all 529 College Savings Plan account assets in the referenced account. I further certify that I have signing authority over both the DreamAhead account and the account from which assets are being rolled over.

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Signature of Account Owner/Custodian/Authorized Representative  
of Entity

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Date (mm/dd/yyyy)

## 7 Notarization acknowledgement - if applicable

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .  
Day (#) Month Year

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence  online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public



## 8 Medallion Signature Guarantee - if applicable

The other 529 College Savings account might also require a Medallion Signature Guarantee.

### Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead College Investment Plan account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Details Booklet**.

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Have the Authorized Officer stamp here**

## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [wastate529.wa.gov](http://wastate529.wa.gov) or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio
WACEC	College Enrolled Conservative
WACEM	College Enrolled Moderate
WACEA	College Enrolled Growth

### Year of Enrollment Portfolios

Conservative		Moderate		Growth	
Code	Year of Enrollment	Code	Year of Enrollment	Code	Year of Enrollment
WAC40	2040	WAM40	2040	WAA40	2040
WAC38	2038	WAM38	2038	WAA38	2038
WAC36	2036	WAM36	2036	WAA36	2036
WAC34	2034	WAM34	2034	WAA34	2034
WAC32	2032	WAM32	2032	WAA32	2032
WAC30	2030	WAM30	2030	WAA30	2030
WAC28	2028	WAM28	2028	WAA28	2028
WAC26	2026	WAM26	2026	WAA26	2026
WAC24	2024	WAM24	2024	WAA24	2024