

Pennsylvania 529 Guaranteed Savings Plan Incoming Rollover Form



- Please complete this form if you wish to initiate a direct rollover from another 529 plan or a Coverdell Education Savings Account (ESA) to an existing Pennsylvania 529 Guaranteed Savings Plan (GSP) Account.
- If you have not yet established a GSP account, you must also complete and enclose an Enrollment Application.
- For additional information, call toll free **1.800.440.4000**.

Send this completed form to:
Pennsylvania 529 Guaranteed Savings Plan
P.O. Box 55463
Boston, MA 02205-8114

For overnight delivery or registered mail, send the completed form to:
Pennsylvania 529 Guaranteed Savings Plan
95 Wells Avenue, Suite 155
Newton, MA 02459

1. GSP Account Information

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

Social Security Number or Taxpayer Identification Number

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

Best Daytime Contact Number

Additional Contact Number (Optional)

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

Beneficiary Social Security Number or Taxpayer Identification Number



4. Signature – YOU MUST SIGN BELOW

If your current 529 program manager or 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 isn't 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 GSP Disclosure Statement and understand the rules and regulations governing rollover contributions from other 529 plans and Coverdell ESA. I also certify that the 529 plan rollover contribution will be made within 60 days of withdrawal from the former program. I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 accounts.

Signature of Account Owner

- -

Date (month, day, year)

Signature Guarantee — IF APPLICABLE

Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

- -

Date (month, day, year)

Authorized Officer to Place Stamp Here

5. Authorization and Acceptance *(No Account Owner action is necessary in this section.)*

GSP hereby agrees to accept the transfer described herein and upon receipt will deposit the proceeds in the account established on behalf of the individual named herein.



Authorized Signature, Pennsylvania Guaranteed Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **Pennsylvania 529 Guaranteed Savings Plan, P.O. Box 55463, Boston, MA 02205.** Make the check payable to Pennsylvania Guaranteed Savings Plan. Include the Account Owner's Social Security number or individual taxpayer identification number on the check and enclose a statement that shows the principal and earnings portions of the distribution.

[PAGE LEFT BLANK INTENTIONALLY]