

Are Not FDIC Insured	May Lose Value	Are Not Bank or State Guarantee
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All completed applicable forms and documentation should be sent to the following address:

**Regular Mail:**

Future Scholar 529 College Savings Plan  
P.O. Box 8036  
Boston, MA 02266-8036

**Overnight mail:**

Future Scholar 529 College Savings Plan  
30 Dan Road  
Canton, MA 02021

If you have questions while completing this form, call Future Scholar 529 College Savings Plan toll-free at 888.244.5674, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

### 1. Type of transfer or rollover (check one)

- From another state's 529 Plan
  From the redemption of a Coverdell Education Savings Account
  From a reallocation from another 529 plan sponsored by the State of South Carolina

### 2. Account Owner and Designated Beneficiary information

Complete this form ONLY if you want **Future Scholar 529 College Savings Plan** to contact the plan administrator for your existing CSP or Coverdell ESA for a direct rollover of funds. The Plan will contact them to have the funds transferred directly to your **Future Scholar 529 College Savings Plan** account. To expedite this rollover, include a copy of your current statement with this form and provide contact information below.

Name of Account Owner or trustee (first) (m.i.) (last)

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Social Security number of Account Owner or taxpayer ID number of trust

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Name of Designated Beneficiary of **Future Scholar 529 College Savings Plan** account to receive rollover assets (first) (m.i.) (last)

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Social Security number of Designated Beneficiary

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### 3. Authorization for direct rollover

This authorization instructs the plan administrator of my existing plan to rollover  **ALL** or  **PART** of my current balance and send it to: **Future Scholar 529 College Savings Plan**, PO Box 8036, Boston, MA 02266-8036.

Please make check payable to **Future Scholar 529 College Savings Plan**.

(The names of the Account Owner and Designated Beneficiary should be included on the check.)

If you are rolling over a portion of your existing account assets, please indicate either the dollar amount or percentage here:

\$ 




 OR 



 %

### 3. Authorization for direct rollover (cont'd)

Name of plan from which assets are being rolled over

Name of company that is surrendering the assets (if available)

Address

City

State

Zip

Contact name (if any) at the surrendering company

Telephone

### 4. Existing plan information

**Please provide a current account statement with this form.**

Name of Designated Beneficiary of existing plan

#### Type of account

Another state's 529 Plan     Coverdell Education Savings Account     Another 529 plan sponsored by the State of South Carolina

Investment name

Account number

Investment name

Account number

Investment name

Account number

Investment name

Account number

<sup>1</sup> Please note that an allocation from another 529 plan sponsored by the State of South Carolina is considered an investment reallocation and not a rollover and is therefore subject to the once per calendar year limitation. See Program Description for details.

## 5. Investment allocation

Check here if you wish to transfer or rollover to a **Future Scholar 529 College Savings Plan** account that has not been opened for the Designated Beneficiary. Complete an Account Application and attach it to this form. **NOTE:** You do not need to complete the remainder of this section. The Plan will use the investment allocations indicated on the Account Application.

Check here if you wish to transfer or rollover into an existing account in **Future Scholar 529 College Savings Plan** for the Designated Beneficiary. Then complete this section and provide the **Future Scholar 529 College Savings Plan** account number.

**Please invest these rollover assets as follows:** Fill in either the dollar amount or the percentage being rolled over for each portfolio-account. You may choose as few or as many new portfolios as you would like, as long as your investment in each is at least \$250. Transfers or rollovers into an existing portfolio-account must be at least \$50. Please note that purchases that do not meet the minimum will be returned to you, which may have tax implications. For additional information, please contact **Future Scholar 529 College Savings Plan** at 1.888.244.5674.

Portfolio number	Account number	Share Class <sup>1</sup>	Dollar amount	OR	Percentage amount <sup>2</sup>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input style="width: 150px;" type="text"/> , <input style="width: 50px;" type="text"/> .	OR	<input style="width: 50px;" type="text"/> %

<sup>1</sup> Please refer to the applicable Program Description for additional information about Share Class

<sup>2</sup> Amounts indicated must equal total dollar amount of contribution or 100%.

## 6. Signature

My signature below certifies that the information contained in this form and in any attachment to this form is true and correct and authorizes a withdrawal from the account(s) listed in section 4. I understand and agree to all terms of this withdrawal as presented on this form and in the Program Description. I also certify that either: (i) the new Designated Beneficiary is a "member of the family" of the current Designated Beneficiary; or (ii) the rollover is between CSPs without a Designated Beneficiary change and I have not requested a rollover for the same Designated Beneficiary within the last 12 months.

**Some firms may require a Medallion signature guarantee to process a rollover. Please check with your current institution to find out if you need to obtain such a guarantee.**

Medallion signature guarantee (by eligible guarantor as explained below)<sup>1</sup>

<sup>1</sup> If your signature requires a guarantee, that guarantee may be provided by a member institution of the Medallion Program. A notary public is not qualified to provide a Medallion signature guarantee.

Signature of Account Owner

Date

 /  / 

Signature guaranteed by (if applicable/required)

Date

 /  /

## 7. Important information

### Required documentation

- In the case of a **rollover contribution from another college savings program**, a statement or documentation issued by the distributing college savings program that shows the earnings portion of the withdrawal. In the case of any direct transfer between college savings programs, the distributing program must provide the receiving program with a statement setting forth this information.
- In the case of a **contribution from a Coverdell Education Savings Account**, an account statement or other documentation issued by the financial institution that acted as trustee or custodian of the ESA that shows the total amount contributed to such account and the earnings in the account.

### Treatment for insufficient documentation:

Until Boston Financial receives the documentation described above, as applicable, **Future Scholar 529 College Savings Plan** will treat the entire amount of the contribution as earnings in the account receiving the contribution.

### Maximum account balance limits

You may transfer or rollover funds to a **Future Scholar 529 College Savings Plan** account for a Designated Beneficiary so long as the aggregate value of assets in all accounts for the same Designated Beneficiary under all college savings programs sponsored by the State of South Carolina (regardless of Account Owner) does not exceed the Maximum Account Balance (\$318,000). **See the Program Description for more information.**

**Please mail this form and any applicable attachments to:**

**Future Scholar 529 College Savings Plan  
P.O. Box 8036  
Boston, MA 02266-8036**

