

EdVestSM Rollover From a 529 Plan



Complete this form to transfer an existing 529 plan into your *EdVest* account or to redeposit funds into your *EdVest* account within 60 days of distribution from any 529 plan. **If you do not already have an *EdVest* account, you must also complete an *EdVest* Account Application to complete the rollover.** If you have questions or would like help completing this form, call a Wells Fargo College Planning Specialist toll-free at **1-888-338-3789**. Information is also available online at www.EdVest.com.

1 EDVEST ACCOUNT INFORMATION (PLEASE PRINT)

If you are rolling funds into a new account, enclose a completed *EdVest* Account Application

Name of Account Owner, Custodian (first, middle initial, last), or entity	Social Security/taxpayer ID number	Fund and account number (write "new" if new)
U.S. residential street address	City	State Zip code
U.S. mailing address (if different than U.S. residential street address)	City	State Zip code
E-mail address	Daytime phone	Evening phone
Name of Designated Beneficiary (first, middle initial, last)	Social Security/taxpayer ID number	

Note: If the Account Owner's, Custodian's, or entity's address above is different from the address currently listed on our records, we will change all accounts under the Social Security/taxpayer ID number listed above to reflect this new address. All future correspondence will be sent to the new address above until you advise us otherwise. **Distributions to this new address will not be allowed for 15 days after the address change unless your signature is Medallion Guaranteed on an *EdVest* Distribution Request form.**

2 CURRENT 529 PLAN ACCOUNT INFORMATION

Complete the information below regarding the account from which you are initiating the rollover. Include a copy of your current account statement.

Please contact your current plan administrator to confirm if additional documents are required.

Name of current 529 plan	Phone number for current program	Account number
Current plan's mailing address	City	State Zip code
Name of current Beneficiary	Current Beneficiary's Social Security number	

3 ROLLOVER INSTRUCTIONS

A transfer of funds between 529 savings plans sponsored by the same state will be considered an investment change. Investment changes for an existing account are permitted once per calendar year without a change in Designated Beneficiary.

Current administrator: Consider this your authorization to send a rollover distribution from my 529 plan account directly to the account provided in section 1 of this form. **Transfer all assets immediately if no selection is checked below.**

Sell all of my assets in the account referenced in section 2 of this form

or

(partial) \$_____ or _____% of my assets in the account referenced in section 2 of this form.

(Provide this figure as a dollar amount or as a percentage of the total value of your account.)

I have already withdrawn the funds and wish to deposit them into the account provided in section 1 of this form.

Note: You must submit a confirmation statement or letter on company letterhead from the previous plan administrator indicating the total withdrawal amount, the portion of the withdrawal attributable to contributions and earnings, and the date of the withdrawal. Failure to provide this required information may cause the entire amount of the rollover contribution to be treated as earnings that could be taxable upon withdrawal.

