

NC 529 Plan

North Carolina's National College Savings Program



Incoming Rollover Form

To complete this form, please print clearly, preferably in capital letters and black ink.

This form will initiate a Rollover of assets from another 529 plan or Coverdell Education Savings Account (ESA) to an existing Account in North Carolina's National College Savings Program.

Note: If you have not yet established your NC 529 Account, you must complete an *Enrollment and Participation Agreement* (Form C420) online or by mail to set up an Account to receive the incoming Rollover.

When this form is completed, send it to your current plan administrator, not to the NC 529 Plan.

To order any form or ask questions about the Program, please call us toll free at 800-600-3453, Monday -- Thursday, 8 a.m. -- 8 p.m. and Friday, 8 a.m. -- 5 p.m. ET. Forms and information are also available online at CFNC.org/NC529.

WHEN COMPLETE, PLEASE SEND THIS FORM TO YOUR CURRENT PLAN ADMINISTRATOR.

Note: If funds for this Rollover are from an UGMA/UTMA Custodial Account, you must place them into an NC 529 Plan Account established as an UGMA/UTMA.

1 Your Current 529 Program Manager or Coverdell ESA Custodian

The 529 plan or Coverdell Education Saving Account (ESA) from which you are moving assets must have the same Participant name as well as Social Security or Taxpayer Identification Number as your Account in the NC 529 Plan.

Account Number of 529 Program or Coverdell ESA

Account Number of 529 Program or Coverdell ESA

Name of Current Program Manager or Coverdell Custodian

Name of Current Program Manager or Coverdell Custodian

Address (line 1)

Address (line 1)

Address (line 2)

Address (line 2)

City State Zip or Postal Code Country (if not U.S.)

City State Zip or Postal Code Country (if not U.S.)

Contact Person (First, Middle, Last, Suffix)

Contact Person (First, Middle, Last, Suffix)

Primary Telephone Number (8:00 a.m. to 5:00 p.m.) Alternate Telephone Number

Primary Telephone Number (8:00 a.m. to 5:00 p.m.)

Alternate Telephone Number

E-mail Address

E-mail Address

Check this box if the Beneficiary on this Account is **different** from the Beneficiary associated with your NC 529 Account named in **Section 3**.



