

# NC 529 Plan

North Carolina's National College Savings Program



## Rollover and Transfer Form

**Make checks payable to: "NC 529 Plan"**

Use this form to transfer assets between existing NC 529 Plan Accounts or as documentation of the earnings portion of a transfer of assets from a Coverdell Education Savings Account or a Qualified U.S. Savings Bond.

Documentation from the financial institution of the earnings portion of each Rollover or transfer must accompany the form. Unless and until adequate documentation of the earnings portion is provided, current federal law requires the entire amount of the Contribution to be treated as earnings.

If you are moving assets from more than one financial institution, fill out a separate form for each one.

**Note:** This form only applies to NC 529 Plan. To initiate a Rollover from another State's Qualified Tuition Program, you must complete an *Incoming Rollover* (Form C427) and send it to that program's manager.

**Mail to:** NC 529 Plan  
P.O. Box 40877  
Raleigh, NC 27629-0877

**Overnight or registered mail:** NC 529 Plan  
2917 Highwoods Blvd.  
Raleigh, NC 27604

**Fax to:** 919-835-2304

**Email to:** savings@cfnc.org

For questions or forms, contact the Program Administrator: College Foundation, Inc.  
NC529.org 800-600-3453  
919-828-4904 (Raleigh)

*One of the College Foundation of North Carolina (CFNC) services helping students and families plan, apply and pay for college.*

Please print clearly in capital letters and dark ink.

# 1 Participant and Beneficiary Information

Name of Participant (First, Middle, Last, Suffix)

**Check type and enter the number.**  SSN   TIN

Social Security or Taxpayer Identification Number

Name of Beneficiary (First, Middle, Last, Suffix)

**Check type and enter the number.**  SSN   TIN

Social Security or Taxpayer Identification Number

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Account Number (if established)

# 2 Rollovers

For the transaction to be considered a qualifying Rollover, the following criteria must be met:

- The Contribution to the new Account must be made within 60 days of the date of the distribution from the former program or Account.
- and*
- The Beneficiary named on the Account must qualify as a Beneficiary under the Program Rules and (1) if the Beneficiary is the same as for the former program, the funds for this Beneficiary must not have been a part of another Rollover within the past 12 months or (2) the new Beneficiary must be a Member of the Family.

**By signing and submitting this form, the Participant affirms that these two criteria are met.**





# 3 Transfers *(continued)*

**Note:** Until the specified documentation requested below is provided, the Program will treat the entire amount of a transfer designated in Sections 3B or 3C as earnings.

Check any below that apply and complete the corresponding information.

**B.  Transfer of Proceeds of a Coverdell Education Savings Account**

Attach a statement from the financial institution that acted as trustee/custodian of the Coverdell Account showing the basis and earnings in such account.

-    -       
Date Withdrawal Made (month, day, year)

Amount Considered Contribution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Considered Earnings	+	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	=	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C.  Transfer of Proceeds of a Qualified U.S. Savings Bond *(Series EE or Series I, issued after 1989)***

Attach an account statement or Form 1099-INT issued by the financial institution that redeemed the bonds to show interest from the redemption.

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Date Withdrawal Made (month, day, year)

Amount Considered Contribution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Considered Earnings	+	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	=	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 4 Participant Signature – You Must Sign Below

By signing this form and submitting it to College Foundation, Inc., the Program Administrator, I hereby certify that all of the information in this form is true, complete and correct. In addition, I certify that I understand all the criteria and documentation required, and all the criteria are met. I authorize College Foundation, Inc. to make the Rollover or transfer as requested, and I understand the consequences of the Rollover or transfer. If this Rollover or transfer is part of a new Account, I have also attached a signed *Enrollment and Participation Agreement*.

\_\_\_\_\_  
Signature of Participant

-    -       
Date (month, day, year)

**Note:** If your Rollover or transfer requested on this form is intended for an existing Account, funds will be designated according to your instructions on file. Attach instructions or a Contribution slip to this form if you wish to provide an alternate designation for this Rollover or transfer.