New York's 529 Advisor-Guided College Savings Program®

Advisor Guided College Savings Program

Incoming Rollover Form

- Complete this form to initiate a direct rollover or plan transfer from a New York's 529 College Savings Program *Direct Plan* Account, from another 529 plan account, or an Education Savings Account (ESA) to an existing Account in the New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "the Plan"). (If you have not established an Account, you must also complete and enclose an **Enrollment Application**.)
- Once every 12 months you may roll over assets from the same Beneficiary. You may also roll over assets at any time when you change your Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the completed, signed form to the address below. Do not staple.

Forms can be downloaded from our website at **www.ny529advisor.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.774.2108** any business day from 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

New York's 529 Advisor-Guided College Savings Program
P.O. Box 55498
Boston, MA 02205-5498

Rollover type

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program
95 Wells Avenue, Suite 155
Newton, MA 02459

I.	Rollover type
	Transfer from 529 college savings plan account
	Transfer from an Education Savings Account (ESA)
	Re-allocation from a New York's 529 College Savings Program <i>Direct Plan</i> Account Note: This option is considered an Investment Exchange for federal and state tax purposes.
2.	Advisor-Guided Plan Account information
	Account Number (If you have not established an Account, also complete and enclose an Enrollment Application .)
	Account Owner Social Security Number or Taxpayer Identification Number (<i>Required</i>)
	Name of Account Owner (first, middle initial, last) (Required)
	Telephone Number (In case we have a question about your Account.)
	Name of Beneficiary (first, middle initial, last) (Required)
	Mailing Address
	City State Zip Code



Beneficiary Social Security Number or Taxpayer Identification Number (Required)

3. Current 529 plan manager or ESA custodian (financial institution)

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5. Signature — YOU MUST SIGN BELOW

If your current 529 plan manager or ESA custodian requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this rollover or transfer.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Disclosure Booklet and Tuition Savings Agreement of New York's 529 Advisor-Guided College Savings Program, and understand the rules and regulations governing rollover contributions and transfers from other 529 plans and Education Savings Accounts. I understand that IRS regulations permit only one rollover for the same Beneficiary in a 12-month period for 529 accounts.

SIGNATURE Signature of Account Owner	Date (mm/dd/yyyy)
Medallion Signature Guarantee — IF APPLICABLE	Authorized Officer to place stamp here
SIGNATURE	
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

6. Authorization and acceptance (No Account Owner action is necessary in this section.)

The New York's 529 Advisor-Guided College Savings Program hereby agrees to accept the rollover or transfer described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

Authorized/signature, New York's 529 Advisor-Guided College Savings Program

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **New York's 529 Advisor-Guided College Savings Program**, **P.O. Box 55498 Boston, MA 02205-5498.** Make the check payable to **New York's 529 Advisor-Guided College Savings Program**.
Include the Account Owner name and the Advisor-Guided Plan Account number on the check and enclose a statement that shows the principal and earnings in the Account.

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