

ROLLOVER REPORTING FORM

- Once your College Illinois!® account has been established, **you** must request the transfer or withdrawal of funds from the other qualified savings option. Qualified rollovers include those from 1) another 529 Qualified Tuition Program, 2) a Coverdell Education Savings Account, or 3) a qualified U.S. Savings Bond.
- **A copy of the Contribution and Earnings Statement** reporting the principal and interest amounts of the transaction from the program or financial institution from which you withdraw the funds **must** be included with this Rollover Reporting Form in order to complete the transaction. If you have not yet withdrawn funds from your other qualified account but intend to do so, please wait to submit this form to College Illinois! until you have the required information.
- All rollover funds must be re-deposited within 60 days into a College Illinois! account to be considered a qualified rollover.
- If the financial institution from which the funds are being withdrawn has not yet completed the rollover distribution and appropriate documentation, please contact them directly and ask them to do so.
- Submit this form along with required documentation and your rollover contribution directly to College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030. Checks should be payable to College Illinois! and must include the College Illinois! account number to which rollover funds are being deposited. Do NOT submit this form to the program or financial institution from which the funds are being withdrawn.
- Questions should be directed to Customer Service at 1-877-877-3724, option 2, during normal business hours Monday-Friday.

Type of Rollover

Select one:

From another 529 Qualified Tuition Program

From a Coverdell Education Savings Account

From a qualified U.S. Savings Bond

Purchaser Information

Name (First, Middle, Last, Suffix) _____

Social Security Number (or T.I.N)
(Last 4 of SSN only)

XXX-XX-

(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Daytime Telephone Number _____

College Illinois! Account Number _____

Beneficiary Information

Name (First, Middle, Last, Suffix) _____

Social Security Number (or TIN)
(Last 4 of SSN only)

XXX-XX-

(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)

Are you changing the beneficiary? Yes No

If yes, what is the relationship to original beneficiary: _____

Member of the Family Defined

In order for rollovers that involve beneficiary changes to occur without state or federal income tax as well as an additional 10% federal tax, the beneficiary of the receiving account must be a "member of the family" of the beneficiary of the original account. A "member of the family" as defined by Section 529 of the Internal Revenue Code is:

- Son or daughter, or a descendant of either (including a legally adopted child)
- Stepson or stepdaughter
- Brother, sister, stepbrother, stepsister, half-brother, or half-sister
- Father or mother or an ancestor of either
- Stepfather or stepmother
- Son or daughter of a brother or sister
- Brother or sister of the father or mother
- Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law
- The spouse (which must be a member of the same household and have the same principal place of abode) of the Beneficiary or of any of the individuals above
- Any first cousin of the Beneficiary

Rollover Funds From

If rollover is from another 529 Qualified Tuition Program, please provide the name of the Program:

Program Name _____

Account Number _____

Designated Beneficiary Name _____

Designated Beneficiary Social Security Number (or T.I.N) XXX-XX- _____

(Last 4 of SSN only)

(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)

Deposit Information

You must include a Contributions and Earnings Statement from the other financial institution or 529 Qualified Tuition Program which indicates the total amount withdrawn, the contributions and earnings amounts and the date of withdrawal.

Investment Portion of Rollover Contribution (Principal): \$ _____

Earnings Portion of Rollover Contribution (Earnings) \$ _____

Total Rollover Contribution * \$ _____

*** The Total Rollover Contribution amount indicated above must equal the total amount withdrawn from the other financial institution or 529 Qualified Tuition Program. Any non-rollover funds should be submitted to College Illinois! as a separate payment.**

Authorization

I hereby certify that the information provided is accurate. I certify that I have not requested a rollover without changing beneficiaries within the last 12 months or the new Designated Beneficiary is a "member of the family" of the current Designated Beneficiary. I also certify that the rollover to College Illinois! is within 60 days of withdrawal from the other investment or 529 Qualified Tuition Program identified above.

Signature of Purchaser

Date

NOTICE

Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.