

## Rollover into Scholars Choice® College Savings Program

100%

1. Source of Rollover				
Please check all that apply. (A New Account Applic	ation may also be required, if a new account is being established.)			
☐ Rollover into Scholars Choice from a non-Colo	orado 529 Program:			
☐ For the same beneficiary from another non-Colo	rado 529 Program (permitted only once per 12 months).			
$\square$ For a new beneficiary who is a "member of the	family" of the current beneficiary as set forth in the Federal Code Secti	on 152(a).		
sales charges if initial sales charges were paid may choose to extend the waiver to all rollover assets being rolled over. Effective on or about F	<b>Illovers.</b> Purchases of Class A Units with assets rolled over to Scholars Choi on such assets prior to rollover. A selling institution may choose to not make is to Scholars Choice made by such firm's clients, regardless of whether initial ebruary 15, 2016, Legg Mason Investor Services, LLC will pay selling institution such commissions at any time. All other fees and expenses applicable to Class.	this waiver available to its cl I sales charges previously havions a 0.50% upfront commis	ients undo ve been p sion on N	er any circumstances, or aid with respect to the IAV rollovers. The Manager,
professional as to whether his/her firm m	d/or upfront commission for NAV rollovers may not be available at a akes this waiver available to its clients and, if so, under what circu initial sales charges on behalf of my client. I confirm that my client meets th	ımstances, before initiatir	ıg a rollo	over.
established by my firm consistent with the pro				
Signature of Financial Professional		Date		
<b>&gt;</b>				
year for any account you maintain for this benefician  Rollover into Scholars Choice from a Coverdel  Rollover into Scholars Choice from the redemy or can be a "member of the family" of the current be 2. Scholars Choice Account  Enter your Scholars Choice account information below Account Number box and enter the percentage of the Contribution amount(s) or percent of units must match	ption of a Qualified U.S. Savings Bond Series EE issued January eneficiary.)  Information  If a new account is being established at the same time that the roll rollover amount. A New Account Application may need to be submitt those indicated on the New Account Application. Unit class section account Application is needed and if multiple investment options can	y 1990 or later, or Series  over is being deposited or ed with this form if a new (Section 2a) of the New A	e Stateme I. (The bearequeste account A	ent for further information. eneficiary can be the same ed, indicate "NEW" in the is being established. pplication must be filled
Account Owner Telephone Number		inancial Professional Telepho	ne Numb	- Der
		·		
Account Number or "NEW"	Investment Option Name (s)	Dollar Amount	OR	% of Units
		\$	+	%
		\$		%
		\$		%
		\$		%

<sup>&</sup>lt;sup>1</sup> Taxpayer Identification Number

3. Transferring Account Information	
Complete only if you are requesting a direct rollover from another	ther 529 Plan or Coverdell Education Savings Account.
Name of Transferring Program or Financial Institution	Account Number at Transferring Program or Financial Institution
Address of Transferring Program or Financial Institution	
Account Owner Name (First, Middle Initial and Last)	Account Owner Social Security Number or TIN <sup>1</sup>
Beneficiary Name (First, Middle Initial and Last)	Beneficiary Social Security Number or TIN <sup>1</sup>
4. Rollover Amount and Method	
Direct Rollover:  ☐ Full Amount (Check if you are requesting a direct rollover of the ☐ Partial Amount (Indicate the transfer amount: \$	entire account balance from the account identified in Section 3))
Check Attached:  ☐ A check is attached to this form in the amount of \$	ne former account. An official statement from the transferring institution showing the ned or the entire contribution will be considered earnings.)
5 Account Owner's Cianature	

## 5. Account Owner's Signature

If I am requesting a direct rollover, by signing below, I authorize the distributing institution to liquidate my investment identified in Section 3 and roll over the assets into the Scholars Choice account indicated in Section 2 of this form.

I understand that I cannot add contributions if the total account balance for all accounts held in Scholars Choice on behalf of the beneficiary identified in Section 1 or held in any other Colorado-Issued Section 529 Plan exceeds the maximum aggregate account balance limit (\$400,000) when the rollover request is received.

If rolling assets from a non-Colorado 529 College Savings Plan to a new beneficiary, I certify that the new beneficiary is a "member of the family" of the current beneficiary at the distributing 529 Plan. I certify that I have not rolled over these assets between Section 529 Plans for the same beneficiary within the last 12 months. I further certify that if I have already withdrawn the rollover amount for deposit into a Scholars Choice account, this request is within 60 days of that withdrawal. If the rollover is to be deposited into a Scholars Choice Cash Reserve account, I further certify that the deposit is not from proceeds of a distribution from a CollegeInvest Stable Value Plus Plan account that has occurred during the previous 61 days of the date of this rollover request.

If I am subject to Colorado state income tax, I understand that rollover amounts from another 529 Plan do not qualify as contributions for the purposes of the State of Colorado income tax deduction.

I understand that rollovers, deposits, or beneficiary changes not meeting these conditions may result in the earnings portion of the deposit being considered a nonqualified withdrawal subject to federal income taxes and any applicable state income tax as well as the 10% additional federal tax. I understand that the distributing institution is responsible for providing Scholars Choice with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, Scholars Choice will treat the entire deposit as earnings.

If the account is a minor-owned account or is funded with UTMA/UGMA assets, I further certify that I am the quardian/custodian of the account in question. If the account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request.

I understand that investments in Scholars Choice are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of Colorado, Collegelnvest, QS Investors, LLC, Legg Mason Investor Services, LLC, or Legg Mason, Inc. or its affiliates, and are subject to investment risks, including loss of principal amount invested.

Note Regarding Federal Income Tax and Gift Tax: A permissible rollover will not be subject to federal income tax, except that such rollover will potentially be subject to gift tax and generation-skipping transfer tax if the new beneficiary is of a younger generation than the current beneficiary being replaced. Neither QS Investors, LLC nor Legg Mason Investor Services, LLC give tax and/or legal advice. You should consult with your tax and/or legal advisor before requesting a rollover to a new beneficiary who is of a younger generation than the current beneficiary.

Signature of Account Owner or Current Responsible Individual	Date

Please return this form, and a New Account Application, if applicable, to your financial professional or other address based on his or her instructions. For additional information, visit scholars-choice.com/forms.

Scholars Choice® is a registered service mark of CollegeInvest. Administered and Issued by CollegeInvest. QS Investors, LLC, Investment Manager. Legg Mason Investor Services, LLC, Primary Distributor, member FINRA. QS Investors, LLC and Legg Mason Investor Services, LLC are Legg Mason, Inc. affiliates.

<sup>&</sup>lt;sup>1</sup> Taxpayer Identification Number

## 6. Letter of Acceptance

Check with the 529 Plan from which you are transferring regarding any plan-specific rules for rollovers out. Financial Professionals: Please check with your Back Office or call the Scholars Choice Call Center at 888-572-4652 for more information on processing procedures. Date: Account Owner Name: Beneficiary Name: Account Owner's SSN To Whom It May Concern: At the request of the above-referenced Account Owner, the Scholars Choice College Savings Program authorizes you to transfer to the Scholars Choice account indicated in Section 2 on the attached Rollover Form. Please refer to Section 3 for further information regarding the account in your Program. The Scholars Choice College Savings Program is a qualified tuition program under Section 529 of the Internal Revenue Code and will accept this rollover of assets. Please mail a copy of this letter, a rollover check made payable to Scholars Choice, and a letter or copy of the Account Owner's statement that details the portion of the rollover that represents contributions and earnings to the following address: Should you have any questions, please do not hesitate to contact us at: Sincerely, Scholars Choice College Savings Program 7. Medallion Signature Guarantee (if applicable) If the 529 Plan from which you are transferring requires a Medallion Signature Guarantee to process this request, you must complete this section. Rollover forms requiring a Medallion Signature Guarantee cannot be submitted via fax. A Medallion Signature Guarantee is a written endorsement from an eligible guarantor institution that the signature(s) on the reguest is (are) valid. The guarantee can be provided by any eligible financial institution, including: banks, broker/dealers, credit unions, and national securities exchanges and savings associations. No other form of signature verification will be accepted. Please note that a Notary Public stamp or seal is not acceptable. I certify that the information I have provided in this form is true and that I am authorized to make such changes. Signature of Account Owner or Current Responsible Individual **Date** Affix Medallion Signature Guarantee below.