



Direct Rollover Form

Complete this form to move funds to an Arizona Family College Savings Program (AFCSP) Account from a 529 plan or Coverdell Education Savings Account (ESA). If you have not already opened an AFCSP Account, please also complete an AFCSP Enrollment Form. If you already have an Account, the account from which you are moving assets must have the same Account Owner name and Social Security Number (SSN) or Taxpayer Identification Number (TIN) as your AFCSP Account.

You may roll over assets from the same Beneficiary once per 12 month period. You may also roll over assets at any time when you change your Beneficiary. UGMA/UTMA accounts must be transferred to an Account for the Beneficiary of the UGMA/UTMA account.

Forms can be downloaded from our website at www.collegesavings.com/arizona, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Make checks and electronic transfers payable to: **AFCSP, CSB as Manager**

Return this form and any other required documents to:
AFCSP
 c/o College Savings Bank
 PO Box 3769
 Princeton, NJ 08543

For overnight or registered mail, send to:
AFCSP
 c/o College Savings Bank
 5 Vaughn Drive, Suite 100
 Princeton, NJ 08540

1. Source of Funds

Name of Financial Institution (if applicable)		Telephone Number	
Program Name (if applicable)	Account Number	Rollover Amount Requested	
Mailing Address	City	State	Zip Code

2. Existing Account Owner

First Name	MI	Last Name	Date of Birth
Street Address			
City	State	Zip Code	
Mailing Address <input type="checkbox"/> Check if same as street address			
City	State	Zip Code	
Social Security Number	Email		
Telephone Number	Business Telephone	Relationship to Child	

3. Existing Account Type (the account you are rolling over assets from)

- 529 Plan (Please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.)
- Coverdell ESA (Please enclose a distribution statement or equivalent, issued by the financial institution that acted as trustee or custodian of the account that shows the basis and earnings.)

4. Existing Beneficiary

First Name	MI	Last Name	Date of Birth
Street Address <input type="checkbox"/> Check if same as street address			
City		State	Zip Code
Social Security Number		Current Grade	First Year of College

- Please indicate if the existing Beneficiary is different than the new Beneficiary provided on your AFCSP Enrollment Form. The new Beneficiary must be a Member of the Family of the existing Beneficiary as described in the AFCSP Disclosure Statement (Disclosure Statement).

5. Signature

If your current 529 Plan Manager or Custodian requires a 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 signature guarantee, nor can you guarantee your own signature. The lack of a required signature guarantee could delay this rollover.

I/we hereby request payment from the financial institution or 529 plan, as applicable, designated above in the form of a direct rollover. I/we assume full responsibility for this transaction and will not hold the Plan Officials (as defined in the Disclosure Statement) liable for any adverse consequences that may result. I/we hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution. I/we certify, that I/we have read, understand, consent and agree to all of the terms and conditions of the Disclosure Statement and understand the rules and regulations governing rollover contributions from other 529 plans and Coverdell ESAs. I/we understand that IRS regulations permit only one such rollover for the same beneficiary once per 12-month period for 529 plan accounts. Rollover contributions will be treated as earnings until the Program Manager receives appropriate documentation. I certify, that the Social Security Number or Taxpayer Identification Number set forth above is my correct number (or am waiting for a number to be issued). I/we understand that if I do not have a Social Security Number or Taxpayer Identification Number, I have up to 60 days to supply the number to AFCSP. Otherwise, AFCSP may return the funds as an early withdrawal and Early Withdrawal Penalties (as defined in the Disclosure Statement) may apply.

Signature of Account Owner	Date
Signature of Joint Account Owner (if applicable)	Date

Signature Guarantee

6. Authorization and Acceptance (no Account Owner action is required in this section)

The Arizona Family College Savings Program hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner or Custodian named herein.

Authorized Signature of Acceptance	Date