

**State Farm**



529 Savings Plan

# Incoming Rollover Form

Complete this form to Roll Over another 529 Plan or Coverdell to the State Farm 529 Savings Plan.

**Return this Form to:**

State Farm 529  
P.O. Box 86529  
Lincoln, NE 68501-6529

**Overnight Mail:**

State Farm 529  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **800.321.7520**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

**1. Type of Rollover/Transfer** (Please only check A, B, or C)

- A. An Out-of-State 529 College Savings Plan**
- B. Coverdell Education Savings Account (CESA)**
- C. Re-allocation from another Nebraska State-Issued 529 Plan\***
  - NEST Direct College Savings Plan
  - NEST Advisor College Savings Plan
  - Bloomwell 529 Education Savings Plan

\*The Internal Revenue Service considers a transfer from another 529 plan sponsored by the State of Nebraska to be an investment change. You are limited to two investment changes each calendar year.

**2. State Farm 529 Savings Plan Account Information**

State Farm 529 Savings Account Number:\*\* \_\_\_\_\_

Account Owner Legal Name (First, M.I., Last): \_\_\_\_\_

Beneficiary Legal Name (First, M.I., Last): \_\_\_\_\_

Last 4 digits of Beneficiary's Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

\*\*If you do not have an existing State Farm 529 Savings Plan Account, you must complete a State Farm 529 Savings Plan Enrollment Form.

**3. Account to be Rolled Over**

529 Plan Name (if CESA, leave blank): \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of 529 Program Manager or CESA Custodian: \_\_\_\_\_

Address of 529 Program Manager or CESA Custodian: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number of 529 Program Manager or CESA Custodian: \_\_\_\_\_

Current 529 or CESA Account Owner (must be the same as your State Farm 529 Savings Plan Account):  
\_\_\_\_\_

**Current 529 or CESA Account Beneficiary (Check A or B)**

- A. Same Beneficiary** as Section 2.
- B. Different Beneficiary** than Section 2. Beneficiary Name: \_\_\_\_\_

Relationship to Beneficiary\*\*\* in Section 2: \_\_\_\_\_

\*\*\*Must be a Member of the Family of the Beneficiary identified in Section 2 above. See the Program Disclosure Statement for the definition of a Member of the Family.

#### 4. Rollover Instructions to Current 529 Program Manager or CESA Custodian

**Full Liquidation** (Roll over ALL assets in my current account to my State Farm 529 Savings Plan Account.)

Estimated Value: \$ \_\_\_\_\_

**Partial Liquidation** \_\_\_\_\_% of account or as follows:

Fund Name	Account Number	Dollar Amount
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL

#### 5. Instructions if Assets Have Been Redeemed

A check is included from an out-of-state 529 plan, CESA or qualified U.S. Savings Bond that was redeemed in the last 60 days. You must provide a statement from the prior financial institution or IRS Form 1099-Q or 1099-INT showing the contribution and earnings portion of the redemption. If these forms are not provided the entire amount will be treated as earnings.

- An Out-of-State 529 Plan**
- Coverdell Education Savings Account**
- Qualified U.S. Savings Bond Proceeds**

**Total Amount of Redemption:** \$ \_\_\_\_\_

**Principal Amount of Redemption (basis):** \$ \_\_\_\_\_

**Earnings Amount of Redemption:** \$ \_\_\_\_\_

## 6. Signature and Authorization

I hereby authorize and direct the rollover indicated above and certify that I have read the Program Disclosure Statement and understand the rules and requirements governing rollovers from other 529 plans or Coverdell Education Savings Accounts.

I certify that if I have already redeemed the rollover amount for deposit into a State Farm 529 Savings Plan Account, this request is within 60 days of the withdrawal.

**IMPORTANT:** I certify that this rollover is for the same Beneficiary and that there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months OR that this rollover is for a different Beneficiary and the Beneficiary on the State Farm 529 Savings Plan Account is a Member of the Family (as defined in the Program Disclosure Statement) of the Beneficiary on the current 529 plan account I am rolling over.

I certify that all the information contained herein is true and correct.

I acknowledge that the rollover of funds to the State Farm 529 Savings Plan may have special tax consequences and that neither the Trustee, the Program Manager, nor the Trust will be responsible for the tax consequences of any such rollover.

**I understand a transfer from another 529 plan sponsored by the State of Nebraska is considered an investment change and counts against the two investment change limitation per calendar year. Rollover proceeds will be invested according to my current investment election on file with the State Farm 529 Savings Plan for my Account at the time the assets are received.**

By signing below, I authorize the State Farm 529 Savings Plan to inquire into issues relating to the transfer of my account and for the current 529 program manager or Coverdell Education Savings Account custodian to provide information to the State Farm 529 Savings Plan as they may request.

**If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your State Farm Registered Representative, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.**

### Signature and Date Required

X \_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)

## Medallion Signature Guarantee

Contact your current 529 program manager or CESA custodian to determine if a Medallion Signature Guarantee is required. Many do require a Medallion Signature Guarantee. Without this, the rollover may be delayed.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY SEAL IS NOT ACCEPTABLE)



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.

## Authorization and Acceptance

The State Farm 529 Savings Plan 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 named herein.

\_\_\_\_\_  
Authorized Signature – State Farm 529 Savings Plan

### INSTRUCTIONS to 529 PLAN OR CUSTODIAN

Send redemption proceeds by check to:

**State Farm 529 Savings Plan**

**P.O. Box 86529**

**Lincoln, NE 68501**

**Make the check payable to State Farm 529 Savings Plan.** Include the Account Owner name and the State Farm 529 Savings Plan Account number on the check (if available). Please enclose a statement that shows the principal and earnings breakdown.