



Rollover Reporting Form

INSTRUCTIONS

1. Please review **Important Information** on page 3 of this document prior to completing this form.
2. 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.
3. **A copy of the Contribution and Earnings Statement** 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.
4. All rollover funds must be re-deposited within 60 days into a *College Illinois!* account to be considered a qualified rollover.
5. Questions should be directed to customer service at 1-877-877-3724, 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 _____

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

College Illinois! Account Number _____

BENEFICIARY INFORMATION

Name (First, Middle, Last, Suffix) _____

Social Security Number (or Taxpayer ID No.) _____

Are you changing the beneficiary? _____ Yes _____ No

If yes, what is the relationship to original 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 Taxpayer ID No.): _____

DEPOSIT INFORMATION

You must include a Contribution and Earnings Statement from the other financial institution or 529 Qualified Tuition Program which indicates the total amount withdrawn, the contribution and earnings amounts and the date of withdrawal.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 amount of total withdrawal 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 *College Illinois!* Purchaser

Date

IMPORTANT INFORMATION

You must initiate the withdrawal or rollover of funds to your *College Illinois!* account by contacting the entity from which the funds are being withdrawn. *College Illinois!* will not contact another financial entity to instruct it to transfer funds to us. The completed Rollover Reporting form, along with the Contribution and Earnings Statement from the 529 Qualified Tuition Program or financial institution from which you withdrew the funds, must be submitted to *College Illinois!* within 60 days of withdrawal in order to complete the transaction. The Contributions and Earnings Statement must include a breakdown of the contribution and earnings portion of the withdrawal, the beneficiary's name and the date of withdrawal. If you have not yet withdrawn funds but intend to do so, please wait to submit the form until you have the information required.

How to Submit the Rollover Reporting Form

Submit the form and the required Contributions and Earnings Statement, along with your rollover contribution directly to *College Illinois!*, PO Box 19292, Springfield IL, 62794-9292. Checks should be made payable to *College Illinois!* and must include the *College Illinois!* account number to which rollover funds are being deposited. Do NOT submit the form to the program or financial institution from which the funds are being withdrawn. 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.

If College Illinois! Account is Not Opened

Your *College Illinois!* account must be established before you can request a rollover into *College Illinois!*. *College Illinois!* accounts can be opened only during specified enrollment periods. Please visit www.collegeillinois.com or call 1-877-877-3724 for enrollment period dates.

Member of the Family Defined

In order for rollovers that involve beneficiary changes to occur without state or federal income taxes or federal penalty tax of 10%, 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

Mailing Instructions

Please return the form and required Contributions and Earnings Statement to:

College Illinois!
PO Box 19292
Springfield IL 62794-9292