



Rollover Reporting Form

INSTRUCTIONS

1. If you intend to roll over funds from another qualified college savings option, you must initiate the rollover by contacting the program or financial institution from which the funds are being withdrawn. 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.
2. Use this form to report the contributions and earnings portion of your rollover to *College Illinois!*. All rollover funds must be redeposited within 60 days into a *College Illinois!* account to be considered a qualified rollover. A statement from the program or financial institution from which you withdraw the funds is also required for proper accounting of contributions and earnings.
3. If you have any questions when completing this form, call us toll free at 1-877-877-3724 Monday – Friday.
4. Please fill out this form completely and print clearly. Please read the information on page 3.

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

Last Name

First Name

M.I.

Address (Number and street, including apartment number)

City

State

Zip

Social Security Number (or Taxpayer I.D. No.)

College Illinois! Account Number

Organization Name (if Purchaser is not an individual)

BENEFICIARY INFORMATION

Last Name

First Name

M.I.

Social Security Number (or Taxpayer I.D. 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 Owner's Account Number

Designated Beneficiary Last Name

Beneficiary First Name

M.I.

Social Security Number (or Taxpayer I.D. No.)

DEPOSIT INFORMATION

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.**

You must submit an account statement or letter from the other financial institution or 529 Qualified Tuition Program, indicating the total withdrawal amount, the portion of the withdrawal attributable to contributions and earnings, and the date of withdrawal.

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 rollover 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. This form is required to report the contributions and earnings portion of your rollover to *College Illinois!*. You must also enclose a statement from the 529 Qualified Tuition Program or financial institution from which you withdrew the funds. It 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 this form until you have the information required. This rollover form must be received within 60 days from the date of withdrawal.

How to Submit this Form

Submit this form 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 this 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 as well as the federal additional 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 this form and any applicable attachments to:

College Illinois!
PO Box 19292
Springfield IL 62794-9292