



# College Savings Plan Rollover Form

## Important information about this form:

- Fill out this form to make a rollover from another 529 College Savings account, a UTMA/UGMA Account\*, Coverdell Education Savings Account or qualified U.S. Savings Bond.
- Do not use this form to roll over a Guaranteed Education Tuition (GET) program account to DreamAhead. To learn more about how to initiate a GET to DreamAhead rollover, visit [www.dreamahead.wa.gov/get-rollovers](http://www.dreamahead.wa.gov/get-rollovers).
- Do not use this form to change the Beneficiary of a DreamAhead account, instead use the **Change Beneficiary Form**.
- If you need to open an account, sign up online at [DreamAhead.wa.gov](http://DreamAhead.wa.gov) or submit an **Enrollment Form** along with this form.
- The Account Owner must remain the same. If you would like to change the Account Owner, please do so on the other 529 College Savings account before completing this form.
- For direct rollovers from other 529 College Savings accounts into your DreamAhead account, you must have the information available for your other 529 College Savings accounts. The funds will be sent directly to your DreamAhead account by the Plan Manager for the other 529 college savings account. The other 529 College Savings account might also require a Medallion Signature Guarantee in **Step 7**.
- For indirect rollovers from a 529 College Savings account, you must deposit the amount you withdrew from the other 529 College Savings account within 60 days of opening a new DreamAhead account or the monies may be subject to tax penalties.
- You can only make one rollover for this Beneficiary's account once every 12 months.
- There's a \$500,000 maximum account balance for DreamAhead accounts.
- A Medallion Signature Guarantee is required for an entity account or an account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 7**).
- Make sure you use black ink to type or print clearly in capital letters. Please use a paperclip, do not staple pages together.

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at  
**1-844-529-5845** or  
**1-844-888-2253 (TTY)**

## Mail the form to:

DreamAhead College  
Investment Plan  
P.O. Box 9661  
Providence, RI 02940-9661

## Overnight Mail:

DreamAhead College  
Investment Plan  
4400 Computer Drive  
Westborough, MA 01581

\* Uniform Gift to Minors Act (UGMA)/Uniform Transfer to Minors Act (UTMA)

## 1 DreamAhead account information

This is the 529 College Savings account you're rolling assets into.

Please submit an **Enrollment Form** with this form if you are opening a new DreamAhead account.

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
DreamAhead account number (Leave this blank if you're enrolling in a new account)

## 2 Rollover type

Select the type of rollover you want to make and follow the assigned steps.

- Direct rollover** – Roll over assets directly from another 529 College Savings account into a DreamAhead account. (Complete **Step 3, 5**, and possibly **7** if a Signature Medallion Guarantee is required by the other 529 College Savings Plan Manager)
- Indirect rollover** – Deposit assets that have been withdrawn from another 529 College Savings account, UGMA/UTMA account, Coverdell Education Savings Account or qualified U.S. Savings Bond into the new DreamAhead account. (Complete **Step 4**, and **5**)

## 3 Direct Rollover information

Only complete this step if you're making a direct rollover.

This is the other 529 College Savings account you're rolling assets from.

Is the Beneficiary the same for both the other 529 account and the DreamAhead account?

- Yes
- No, and I certify that the new Beneficiary listed above meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the Beneficiary.

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### Who should we contact?

We need the following information for Account Owner in case there are any questions about the account:

\_\_\_\_\_  
Contact name (First and last)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Telephone number

### Other 529 College Savings Plan information

\_\_\_\_\_  
College Savings Plan name

\_\_\_\_ \_  
529 Plan State Sponsor (2-character state abbreviation)

\_\_\_\_\_  
Other 529 College Savings account number

### Other Plan Manager's address

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
ZIP Code

\_\_\_\_\_  
Name of Account Owner (First and last)

### Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
If you need to change the Account Owner, please make the change with the other 529 College Savings plan before completing this form.

\_\_\_\_\_  
Email address associated with other 529 College Savings account

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\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Telephone number**

\_\_\_\_\_  
**Name of Beneficiary** (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Beneficiary's Social Security or Taxpayer Identification Number**

### Instructions for the other 529 College Savings Plan

**A Source of funds:**

These instructions will be used by the other 529 College Savings Plan Manager. To add more investment portfolios, please include a separate page with this form.

Investment portfolio name	<input type="radio"/>	Full balance	\$	____ , ____ . ____
	<input type="radio"/>	Partial amount	<b>Amount</b>	
Investment portfolio name	<input type="radio"/>	Full balance	\$	____ , ____ . ____
	<input type="radio"/>	Partial amount	<b>Amount</b>	
Investment portfolio name	<input type="radio"/>	Full balance	\$	____ , ____ . ____
	<input type="radio"/>	Partial amount	<b>Amount</b>	

**B What's the total?**

This should be the sum of the portfolios listed in **Step 3A** above.

\$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
**Full rollover amount**  
 (There's a \$500,000 maximum account balance)\*

\* Rollovers that would cause the DreamAhead account to exceed the \$500,000 maximum account balance will be rejected in their entirety.

## 4 Indirect Rollover information

Only complete this step if you're making an indirect rollover.

### A What is the source of the funds for this indirect rollover?

- Another 529 College Savings Account  
The assets from the other 529 College Savings account must be deposited within 60 days of withdrawal. Please provide the information below and submit a copy of the most recent quarterly statement from the other 529 College Savings account along with your check and this form.
- Proceeds from the withdrawal of a UGMA/UTMA account  
Provide the information below and submit an account statement with these amounts along with your check and this form.
- Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)  
Provide the information below and submit an account statement with these amounts along with your check and this form.
- Proceeds from the withdrawal of a qualified U.S. Savings Bond  
Provide the breakdown of cost basis and earnings below and submit a Form 1099 with these amounts along with your check and this form.

### B Rollover details:

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Principal of the rollover**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Earnings of the rollover**

### C Tell us what's on the check:

Make the check payable to the  
DreamAhead College Investment Plan.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Full amount of the rollover**

(There's a \$500,000 maximum account balance)\*

\* Rollovers that would cause the DreamAhead account to exceed the \$500,000 maximum account balance will be rejected in their entirety.

## 5 Rollover contribution information

Provide instructions to the DreamAhead College Investment Plan for how to invest the rollover amount provided in either **Step 3** or **Step 4**.

For a full list of all the portfolio options, please go online to [www.DreamAhead.wa.gov](http://www.DreamAhead.wa.gov) or see the **Program Details Booklet** for important information about the investment options before making a decision.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

____	_____	_____%
Code	Portfolio name	Percent
____	_____	_____%
Code	Portfolio name	Percent
____	_____	_____%
Code	Portfolio name	Percent
____	_____	_____%
Code	Portfolio name	Percent
____	_____	_____%
Code	Portfolio name	Percent

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Total = 100%

## 6 Sign the form

By signing this, you're agreeing to these statements:

- I confirm that I received, understand, consent, and agree to all the terms and conditions of the DreamAhead **Program Details Booklet** as they relate to this rollover request.
- If I'm making a direct rollover, I authorize the other 529 College Savings Plan Manager, or its designee, to roll over assets into the DreamAhead account according to these instructions.
- I certify that this is the only rollover for this Beneficiary's 529 College Savings account in the last 12 months.
- I certify that if rolling over assets to my DreamAhead for a new Beneficiary, they qualify as a "Member of the Family."
- If this is an indirect rollover from another 529 College Savings account, the request was made within 60 days of withdrawal.
- I understand that I cannot make additional contributions when the fair market value of my DreamAhead account exceeds \$500,000.
- I understand that if this is an indirect rollover, the Account Owner of the account from which assets are being withdrawn, is responsible for providing the DreamAhead account with a statement that certifies the breakdown of the assets being rolled over. I further understand that until such statement is provided, the DreamAhead College Investment Plan will treat the entire rollover as earnings.
- I understand that a rollover that doesn't meet the above conditions may result in the earning portion of the deposit being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.
- I certify that the above is, to the best of my knowledge, accurate data regarding the rollover of all 529 College Savings Plan account assets in the referenced account. I further certify that I have signing authority over both the DreamAhead account and the account from which assets are being rolled over.

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Signature of Account Owner/Custodian/Authorized Representative  
of Entity

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Date (mm/dd/yyyy)

## 7 A Medallion Signature Guarantee

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Details Booklet**.

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Have the Authorized Officer stamp here**



## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [www.DreamAhead.wa.gov](http://www.DreamAhead.wa.gov) or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio

### Year of Enrollment

#### Conservative

Code	Portfolio Name
WAC36	Year of Enrollment 2036 - Conservative
WAC34	Year of Enrollment 2034 - Conservative
WAC32	Year of Enrollment 2032 - Conservative
WAC30	Year of Enrollment 2030 - Conservative
WAC28	Year of Enrollment 2028 - Conservative
WAC26	Year of Enrollment 2026 - Conservative
WAC24	Year of Enrollment 2024 - Conservative
WAC22	Year of Enrollment 2022 - Conservative
WAC20	Year of Enrollment 2020 - Conservative
WAC18	Year of Enrollment 2018 - Conservative

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## Moderate

Code	Portfolio Name
WAM36	Year of Enrollment 2036 - Moderate
WAM34	Year of Enrollment 2034 - Moderate
WAM32	Year of Enrollment 2032 - Moderate
WAM30	Year of Enrollment 2030 - Moderate
WAM28	Year of Enrollment 2028 - Moderate
WAM26	Year of Enrollment 2026 - Moderate
WAM24	Year of Enrollment 2024 - Moderate
WAM22	Year of Enrollment 2022 - Moderate
WAM20	Year of Enrollment 2020 - Moderate
WAM18	Year of Enrollment 2018 - Moderate

## Growth

Code	Portfolio Name
WAA36	Year of Enrollment 2036 - Growth
WAA34	Year of Enrollment 2034 - Growth
WAA32	Year of Enrollment 2032 - Growth
WAA30	Year of Enrollment 2030 - Growth
WAA28	Year of Enrollment 2028 - Growth
WAA26	Year of Enrollment 2026 - Growth
WAA24	Year of Enrollment 2024 - Growth
WAA22	Year of Enrollment 2022 - Growth
WAA20	Year of Enrollment 2020 - Growth
WAA18	Year of Enrollment 2018 - Growth