

Franklin Templeton 529 College Savings Plan
Incoming Rollover Form

Please read the Franklin Templeton 529 College Savings Plan Program Description for complete Rollover information before completing this form.

- Your rollover proceeds will be invested according to the allocation instructions on your Account. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
 - Complete a separate form for each Account and submit a new **Account Application** along with this form, unless you already have a Franklin Templeton 529 College Savings Plan Account for this Beneficiary.
 - Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. *A Medallion Signature Guarantee may be required as described in Section 5.*

To request assistance in completing this form call us at **(866) 362-1597**, Monday to Friday 8:30 a.m. - 8 p.m. ET.

1. Rollover Type

Use this form to request a rollover or transfer from the following:

- Another Section 529 Program**
 - Coverdell Education Savings Account (*ESA*)**
 - Qualified Series EE or I Savings Bond ("Savings Bond")**
 - Uniform Gifts/Transfers to Minors Act (*UGMA/UTMA*) Custodial Account**
 - Other investment to Franklin Templeton 529 College Savings Plan**

2. Franklin Templeton 529 College Savings Plan Account Information

_____ - _____

Account Number (If you have not established an Account, complete and enclose an **Account Application**)

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Social Security Number or Taxpayer Identification Number (**Required**)

Account Owner (first name) **(必填)** (必填)

Account Owner (Last name) **(Required)**

Account Owner (Last Name) **(Required)**

Telephone Number

Beneficiary (First name) **(Required)** _____ (M.I.) _____

Beneficiary (Last name) **(Required)**

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Beneficiary Social Security or Taxpayer Identification Number (**Required**)

Digitized by srujanika@gmail.com



* N I A I N C O M I N G R O L L O V E R *

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Franklin Templeton 529 College Savings Plan Program Description, and understand the rules and regulations governing rollover contributions from other 529 programs and ESAs.
- I understand that for rollovers from Section 529 programs only one such rollover for the same Beneficiary is permitted in any 12-month period.
- Please call the Franklin Templeton 529 College Savings Plan at **(866) 362-1597** if you have any questions concerning this process.

SIGNATURE

Signature of Account Owner

— —

Date (mm-dd-yyyy)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 program may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 program for instructions before mailing this form to the Franklin Templeton 529 College Savings Plan. You may be required to provide proof to your bank or broker of your authority to act on behalf of the account(s) you are rolling over before a medallion signature guarantee will be provided.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- **The lack of a required Medallion Signature Guarantee could delay this rollover.**

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 Franklin Templeton 529 College Savings Plan Program Description.

SIGNATURE

Signature of Account Owner (*In the presence of the authorized officer.*)

SIGNATURE

Signature of Guarantor

Name of Institution

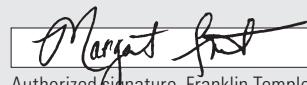
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Date (mm-dd-yyyy)

Authorized Officer to place stamp here

6. Authorization and acceptance (No Account Owner action is necessary in this section.)

Franklin Templeton 529 College 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, Franklin Templeton 529 College Savings Plan

INSTRUCTIONS TO CURRENT SECTION 529 PLAN PROGRAM MANAGER OR ESA CUSTODIAN

Send redemption proceeds by check to **Franklin Templeton 529 College Savings Plan, PO BOX 55961, Boston, MA 02205**.

Make the check payable to Franklin Templeton 529 College Savings Plan. Include the Account Owner name and the Franklin Templeton 529 College Savings Plan Account number (*if provided*) on the check and enclose a statement that shows the principal and earnings of the amount being rolled over to the Franklin Templeton 529 College Savings Plan Account.