

529 College Savings Plan



3. Current 529 Program Manager or ESA Custodian (*Financial Institution*)

- The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your Franklin Templeton 529 College Savings Plan Account. Please contact your current Section 529 plan's Program Manager or ESA Custodian for proper mailing address.
- If you do not provide a breakdown from your current 529 Program Manager or ESA Custodian of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Account Number of 529 Plan or ESA

Name of Current 529 Program Manager or ESA Custodian (*Usually a Financial Institution*)

Address of Current 529 Program Manager or ESA Custodian

City

State

Zip Code

Contact Person

Telephone Number

Telephone Number

☐ Check this box if the Beneficiary on this account differs from the Beneficiary indicated in **Section 2**.

4. Instructions to Current 529 Program Manager or ESA Custodian

The assets described below must all be held by the Financial Institution indicated in **Section 3**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

Check one.

- A. ☐ **Roll over all of the assets in my current 529 Plan or ESA account to my Franklin Templeton 529 College Savings Plan.** *(To list more than two current accounts, use a separate sheet.)*

Account Number

Estimated Account Value

Account Number

Estimated Account Value

- B. ☐ **Roll over a portion of the assets as directed below to my Franklin Templeton 529 College Savings Plan.** *(To list more than two options, use a separate sheet.)*

Account Number

Name of Investment Portfolio

Amount

Account Number

Name of Investment Portfolio

Amount

☐ Please check this box if you request **Class A** at NAV for your Rollover Contribution.

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

Title

Name of Institution

□□ — □□ — □□□□

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.

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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.