

Columbia 529 Plan

Please return
your completed
form to:

Columbia 529 Plan
PO Box 8472
Boston, MA 02266-8472

Rollover Request Form

Please write in all capital letters,
using blue or black ballpoint pen, and be sure
to fill out the application completely.
Incomplete applications cannot be processed.

Use this form to roll over assets from another Section 529 plan or a Coverdell Education Savings Account. If you do not have a Columbia 529 Plan account or if you have an account but are opening an account for a different beneficiary, you must also submit a New Account Application. Please contact a Columbia 529 Plan service representative at 877.994.2529 if you have questions.

1. Account owner and beneficiary information

Name of account owner or trustee (first)

(m.i.)

(last)

Social Security number of account owner or taxpayer ID number of trust

Name of beneficiary of Columbia 529 Plan account to receive rollover assets
(first)

(m.i.)

(last)

Social Security number of beneficiary

2. Account owner authorization for direct rollover

This authorization instructs the Plan Administrator of my former plan to roll over **all** or **part** of my current balance and send it to:
Columbia 529 Plan, PO Box 8472, Boston, MA 02266-8472.

If you are rolling over a portion of your former account assets, please indicate either the dollar amount or percentage here:

\$ OR %

You may choose as few or as many portfolios as you would like, as long as your investment in each is at least \$1,000. Subsequent purchases into an existing portfolio account must be at least \$50 each. Please note that purchases that do not meet the minimum will be returned to you and may have tax implications.
Please make check payable to Columbia 529 Plan. (The names of the account owner and beneficiary should be included on the check.)

Name of plan from which assets are being rolled over

Name of institution where account is currently held (if applicable)

Address

City

State

Zip code

Contact name (if any) at current institution

Telephone

 - -

Please attach a copy of the most recent account statement of the account to be rolled over.

3. Prior plan information

Name of beneficiary of account being liquidated

Type of account

Another Section 529 plan Coverdell Education Savings Account Another 529 plan sponsored by the state of Nevada¹

Investment name

Account number

Investment name

Account number

Investment name

Account number

Investment name

Account number

¹Please note that a transfer from another 529 plan sponsored by the state of Nevada is considered an investment reallocation and not a rollover and is therefore subject to the once per calendar year limitation. See Program Description for details.

4. Investment allocation

Please invest these rollover assets as follows: (Note: If you do not have a Columbia 529 Plan account or if you have an account but are opening an account for a different beneficiary, you must also submit a New Account Application.) Please provide the existing account number. For additional information, please contact the Columbia 529 Plan at 877•994•2529. Fill in either the dollar amount or percentage being rolled over for each portfolio account. You may choose as few or as many portfolios as you would like, as long as your investment in each is at least \$1,000. Subsequent purchases into an existing portfolio account must be at least \$50 each. Please note that purchases that do not meet the minimum will be returned to you, which may have tax implications.

Portfolio number - account number	Unit class (A, B, C, Z) ¹	Dollar amount	Percentage amount ²
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
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<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

¹ Please refer to the Program Description for additional information about Class A, B, C or Z shares.

² Figures must equal total dollar amount of contribution or 100%.

5. Signature

My signature below certifies that the information contained in this form and in any attachment to this form is true and correct. I authorize a withdrawal from this account based on the information I have reported within this form. I understand and agree to all terms of this withdrawal as presented on this form and in the Program Description. I am also aware that any substantiation of the expense(s) or withdrawal(s) listed on this form will be my responsibility to provide, if requested. If I am reporting that this withdrawal is for qualified higher education expense. I certify that (1) the requested withdrawal represents payment of qualified higher education expenses for the designated beneficiary at an eligible educational institution; (2) no other request has been previously submitted for these expenses to this or any other qualified tuition program for reimbursement or payment; and (3) withdrawals for room and board expenses of the designated beneficiary for the applicable academic year fall within the limitations described within the Program Description.

Some firms may require a medallion signature guarantee to process a rollover. Please check with your current institution to find out if you need to obtain such a guarantee.

Medallion Signature guarantee (by eligible guarantor, as explained below)¹

¹If your signature requires a guarantee, that guarantee may be provided by a member institution of the Medallion program.

Signature of account owner

Date

 / /

Signature guaranteed by

Date

 / /

6. Columbia 529 Plan representation

Columbia 529 Plan hereby represents that it will apply the proceeds of the requested rollover to the account described in Section 1 of this form upon receipt of (1) documentation in good order as determined by the Program Manager and (2) a check which meets minimum investment requirements. Transactions effected through this form are subject to the Program Description and Participation Agreement.

The Columbia 529 Plan is administered by the Board of Trustees of the College Savings Plans of Nevada, which is chaired by Nevada State Treasurer Kathleen Marshall. Program management services are provided by Upromise Investments, Inc. (Member NASD/SIPC). The distributor is Columbia Management Distributors, Inc. An investment in the Columbia 529 Plan is not endorsed, insured or guaranteed by the state of Nevada or any other federal or state entity.

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