Connecticut Higher Education Trust
Rollover Form for New or Existing Accounts

Use this form to rollover existing 529 Plan funds into CHET

Questions? Call toll-free 1-888-799-CHET (1-888-799-2438),
P.O. Box 150499, Hartford, CT 06115-0499
Visit www.aboutCHET.com

Instructions

- Read the Program *Disclosure Booklet* for information about making a rollover before completing this form.
- Complete a separate form for each rollover account and submit a new *Account Application* along with this form, unless you already have a *Connecticut Higher Education Trust* (CHET) Account for this Beneficiary.
- Unless a statement, including a breakdown of earnings and contributions for your original account is received by CHET, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.
- Your current Qualified Tuition Program (QTP) may require a medallion signature guarantee[1] on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current program for instructions before mailing this form to the CHET.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

1 Type of Rollover *(Check only one box.)*

☐ **Direct Rollover from another Qualified Tuition Program (QTP)**
We will request a transfer of funds on your behalf directly from your current QTP into your *Connecticut Higher Education Trust* (CHET) Account but it is your responsibility to verify whether your current QTP has any additional requirements before you submit this form to us. (You may want to follow-up with your current QTP within two weeks to be sure that a check is mailed to CHET as you requested

☐ **Indirect Rollover from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account**
Your check must be payable to the *Connecticut Higher Education Trust* and must be received by CHET within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

2 CHET Program Account Information *(This is your new or existing CHET Account.)*

You can rollover assets, either directly or indirectly, into a CHET Account for the same Beneficiary or into a CHET Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*. However, funds that were previously on deposit in a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can only be deposited into an UGMA/UTMA account for the same Beneficiary within CHET.

Who is the CHET Beneficiary?	☐ **Same Beneficiary**	☐ **New Beneficiary,** excluding UGMA/UTMA		
Type of Account: *(Check only one.)*	☐ **Individual**	☐ **Custodial** (UGMA/UTMA)	☐ **Entity**	

- -

Fund and Program Account Number (Leave blank for a new CHET Account.)

- - -

Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

3 Contribution Instructions *(Your funds may be deposited to any one or more of the following Investment Options.)*

Please indicate whether your contribution will be deposited into a new Investment Option or into one you already own. Refer to the *Disclosure Booklet* for information about each Investment Option.

NOTE: If you allocate your rollover amount to the Principal Plus Interest Option, transfers made at a later date (including transfers when there is a change of Beneficiary) from the Principal Plus Interest Option to the Money Market Option will not be permitted.

Investment Options *(Fund Code)*	**Select your Investment Options** *(minimum $25 per option)*		
	Provide amount *($ or %)*		**New option?**
Managed Allocation Option (Age based)	**$**	**.00%**	☐ Yes OR ☐ No
Aggressive Managed Allocation Option (Age based)	**$**	**.00%**	☐ Yes OR ☐ No
High Equity Option (1955)	**$**	**.00%**	☐ Yes OR ☐ No
100% Equity Index Option (2251)	**$**	**.00%**	☐ Yes OR ☐ No
Social Choice Equity Option (2260)	**$**	**.00%**	☐ Yes OR ☐ No
Principal Plus Interest Option (1956)	**$**	**.00%**	☐ Yes OR ☐ No
100% Fixed Income Option (2253)	**$**	**.00%**	☐ Yes OR ☐ No
Money Market Option (2261)	**$**	**.00%**	☐ Yes OR ☐ No
TOTAL ROLLOVER CONTRIBUTION AMOUNT	**$**	**100.00%**	

[1] Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.

4 Instructions to your current QTP Program *(Complete this section only for a direct rollover.)*

Provide your current Qualified Tuition Program (QTP) account information in this section, including the amount to be withdrawn from that account. Use a separate *Rollover Form for New or Existing Accounts* for each QTP you maintain for this Beneficiary.

Account Number (This is the Account you have with your current QTP.)

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Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

To my current QTP: *(Check only one box.)*

Withdraw funds from my account as requested here, issue a rollover check to the *Connecticut Higher Education Trust* and mail to the address below.

☐ **Rollover the ENTIRE balance in my account. (Est. Amt.: $ _____.)**

OR

☐ **Rollover a PARTIAL balance in my account, as indicated below.**

Investment Option(s)	Rollover Amount(s)
1.	**$**
2.	**$**
3.	**$**
TOTAL OUTGOING ROLLOVER AMOUNT	**$**

Provide the mailing address for your current QTP.

Current QTP Name

Mailing Address Line 1

Mailing Address Line 2

City, State, Zip

5 Signature and Authorization *(Account Owner, Custodian or Authorized Representative of Entity must sign here.)*

By signing below, I certify the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I certify that I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Internal Revenue Code Section 529 and as described in the *Disclosure Booklet*.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another QTP or a Coverdell Education Savings Account. I understand that the *Connecticut Higher Education Trust* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

For Entity Accounts, *e.g. Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.*
I certify that the rollover requested on this form is authorized by the entity Account Owner named in Section 2 and that I have been authorized by the entity to act on its behalf in executing this form.

Signature of Account Owner, Custodian or Authorized Representative of Entity *Date*

Note: Your current Qualified Tuition Program (QTP) may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, please call your current QTP for instructions before mailing this form to CHET.

Mail this form to:

Overnight Mail

Connecticut Higher Education Trust
30 Dan Road
Canton, MA 02021-2809

Regular Mail

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499

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