



Connecticut Higher Education Trust

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

- Please read the *Program Disclosure Booklet* and *Participation Agreement* (contained in the *Program Disclosure Booklet*) for complete Rollover information before completing this form.
- Your rollover proceeds will be invested according to the allocation instructions you provide in section 3 below. For new Accounts, the Program will follow the allocation instructions on the application you submit with 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 Program 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 Signature Validation Program Stamp or Medallion Signature Guarantee may be required as described in section 7.¹ Please see the **Important Information** box at the end of this form for additional instructions.

1 Account Information

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Program Account Number (Please complete one form for each Account)

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Telephone Number

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

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Beneficiary Name (First, MI, Last, Suffix)

2 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 qualified tuition program account into your Program Account. Please verify whether your current qualified tuition program account has any additional requirements before sending this form to the Program.
- Indirect Rollover from another qualified tuition program (QTP) or a Coverdell Education Savings Account (Coverdell ESA)**
Your check must be payable to the *Connecticut Higher Education Trust* and must be received by the Program within 60 days of the date of withdrawal from the other qualified tuition program or Coverdell ESA account to qualify for rollover treatment.

3 Allocation Instructions

(Check one box)

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
 - The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
 - These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

Who is the Beneficiary?	<input type="checkbox"/> Same Beneficiary	<input type="checkbox"/> New Beneficiary , excluding UGMA/UTMA
Type of Account: (Check only one.)	<input type="checkbox"/> Individual	<input type="checkbox"/> Custodial (UGMA/UTMA) <input type="checkbox"/> Entity

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option²
Moderate Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Conservative Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Active Global Equity Option (2282)	%	<input type="checkbox"/> New Option

¹ Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp or a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

² If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

<i>Investment Option Name</i> (Investment Option Code)	<i>Whole Percentage</i> (per Investment Option)	Check if new Investment Option²
High Equity Balanced Option (1955)	%	<input type="checkbox"/> New Option
Global Equity Index Option (2251)	%	<input type="checkbox"/> New Option
Social Choice Equity Option (2260)	%	<input type="checkbox"/> New Option
Active Fixed Income Option (2253)	%	<input type="checkbox"/> New Option
Index Fixed Income Option (2281)	%	<input type="checkbox"/> New Option
Principal Plus Interest Option (1956)	%	<input type="checkbox"/> New Option
U.S. Equity Index Option (2304)	%	<input type="checkbox"/> New Option
International Equity Index Option (2305)	%	<input type="checkbox"/> New Option
Global Tactical Asset Allocation Option (2306)	%	<input type="checkbox"/> New Option
Money Market Option (2261)	%	<input type="checkbox"/> New Option
TOTAL		100%

Note: If you allocate your contributions to the Principal Plus Interest Option, transfers made at a later date from the Principal Plus Interest Option to the Money Market Option will not be permitted.

4 Your Current 529 Plan Account Information

The Account Owner name and Social Security number or Individual Taxpayer ID number must be the same on the account from which you are transferring assets **as on your Connecticut Higher Education Trust Savings Plan Account.**

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Account Number (This is the Account from which you are transferring assets.)

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Account Owner Social Security or Taxpayer Identification Number

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

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Beneficiary Name (First, MI, Last, Suffix)

5 Name and Address of your Current 529 Plan

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Current Qualified Tuition Program Name

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Mailing Address Line 1

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Mailing Address Line 2

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City, State, Zip

6 Instructions to your Current 529 Plan

To my current Qualified Tuition Program:

Please roll over the assets from my account(s) as requested below and mail a check to the **Connecticut Higher Education Trust**. Enclose a breakdown of the principal and earnings portion of the distribution with the check.
(Check only one box)

- Roll over the ENTIRE balance in my account. (Estimated Amount: \$ _____) OR
 Roll over a PARTIAL balance in my account, as indicated below.

Investment Option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
4.	\$

¹ If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

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

By signing below, I certify the following:

- I certify that I have read the Program Disclosure Booklet and I understand the rules and regulations governing rollover contributions for 529 plan accounts, including that IRS regulations permit only one such rollover for the same beneficiary in a 12-month period.
- 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 Section 529 of the Internal Revenue Code.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a medallion signature guarantee stamp appears below.¹)

Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

IMPORTANT INFORMATION

Your current qualified tuition program may require a Medallion Signature Guarantee stamp on this form, or it may have additional requirements before releasing your funds to CHET. To avoid delays, call your current qualified tuition program for instructions before mailing this form to the Program. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee Stamp will be provided.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:
 Connecticut Higher Education Trust
 P.O. Box 150499
 Hartford, CT 06115-0499.

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