



Rollover Form

Complete This Form to Rollover Another 529 Plan or Coverdell to Bright Start.

Return this Form to:

Bright Start College Savings Program
P.O. Box 85298
Lincoln, NE 68501

Overnight Mail:

Bright Start College Savings Program
6811 South 27th Street
Lincoln, NE 68512

If you have questions, please call us at **(877) 432-7444**, Monday-Friday, 7 a.m. to 7 p.m. (Central).

1. Type of Rollover/Transfer (Please check only one)

- Another 529 College Savings Plan
- Coverdell Education Savings Account (CESA)
- Bright Directions College Savings Program*
- College Illinois!*

*The IRS considers a transfer from another 529 plan sponsored by the State of Illinois as an investment change (subject to the two investment change limitation per calendar year).

2. Bright Start College Savings Program Account Information

Bright Start Account Number: _____

Account Owner Legal Name (First, M.I., Last): _____

Beneficiary Name (First, M.I., Last): _____

Last 4 digits of Beneficiary's Social Security Number or Taxpayer Identification Number: _____

*If you do not have an existing Bright Start Account, you must complete a Bright Start Enrollment Form.

3. Account to be Rolled Over (PLEASE PROVIDE A COPY OF A CURRENT ACCOUNT STATEMENT)

529 Plan Name (if CESA, leave blank): _____

Account Number: _____

Name of Current 529 Program Manager or CESA Custodian: _____

Address of Current 529 Program Manager or CESA Custodian: _____

City, State, Zip: _____

Phone Number of Current 529 Program Manager or CESA Custodian: _____

Current 529 or CESA Account Owner (must be the same as your Bright Start Account): _____

Current 529 or CESA Account Beneficiary (Check A or B)

A. Same Beneficiary as Section 2. Beneficiary Name _____

B. Different Beneficiary than Section 2. Beneficiary Name _____

Relationship to Beneficiary* in Section 2 _____

*Must be a Member of the Family of the Beneficiary identified in Section 2 above. See the Program Disclosure Statement for the definition of a Member of the Family.

4. Rollover Instructions to Current 529 Program Manager or CESA Custodian

Full Liquidation (Roll over ALL assets in my current account to my Bright Start College Savings Account.)

Estimated Value: \$ _____

Partial Liquidation _____ % of Account or as follows:

Fund Name	Account Number	Dollar Amount
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL
_____	_____	\$ _____ or <input type="checkbox"/> ALL

5. Signature and Authorization

I hereby authorize and direct the Rollover indicated above and certify that I have read the Program Disclosure Statement and understand the rules and requirements governing rollovers from other 529 plans or Coverdell Education Savings Accounts

IMPORTANT: I certify that this Rollover is for the same Beneficiary and that there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months OR that this Rollover is for a different Beneficiary and the Beneficiary on the Bright Start College Savings Program Account is a Member of the Family (as defined in the Program Disclosure Statement) of the Beneficiary on the current 529 plan account I am rolling over.

I certify that all the information contained herein is true and correct.

I acknowledge that the Rollover of funds to the Bright Start College Savings Program may have special tax consequences and that neither the Trustee, the Program Manager, nor the Pool will be responsible for the tax consequences of any such Rollover.

I acknowledge that the Rollover proceeds will be invested according to my current investment election on file with the Bright Start College Savings Program for my Account at the time the assets are received.

By signing below, I authorize the Bright Start College Savings Program to inquire into issues relating to the transfer of my account and for the current 529 program manager or Coverdell Education Savings Account custodian to provide information to the Bright Start College Savings Program as they may request.

Signature and Date Required

X

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

Date

Print Name Here

Title (if other than an individual)

Medallion Signature Guarantee

Contact your current 529 program manager or CESA custodian to determine if a Medallion Signature Guarantee is required. Many do require a Medallion Signature Guarantee. Without this, the rollover may be delayed. If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of the bank officer or official who will provide the Medallion Signature Guarantee. A notary public CANNOT provide a signature guarantee.

MEDALLION SIGNATURE GUARANTEE

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY SEAL IS NOT ACCEPTABLE)

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.