





### 5. Instructions to current 529 Program Manager, ESA Custodian, or Savings Account

The assets described below must all be held by the Financial Institution indicated in **Section 3** or **Section 4**. 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/Transfer all of the assets in my account(s) to my SMART529 WV Direct Account.** *(To list more than two accounts, use a separate sheet.)*

Account Number

\$   
Estimated Account Value

Account Number

\$   
Estimated Account Value

B.  **Roll over/Transfer a portion of the assets as directed below to my SMART529 WV Direct Account.** *(To list more than two options, use a separate sheet.)*

Account Number

Name of Investment Portfolio

\$   
Amount

Account Number

Name of Investment Portfolio

\$   
Amount

**6. Signature — YOU MUST SIGN BELOW**

**If your current 529 Program Manager or Custodian requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this rollover.**

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the SMART529 WV Direct College Savings Plan Offering Statement, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings accounts. I understand that IRS regulations permit only one such rollover for the same Designated Beneficiary in a 12-month period for 529 plan accounts.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Medallion Signature Guarantee — IF APPLICABLE**

SIGNATURE

Signature Guarantor

Title

Name of Institution


□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

**7. Authorization and acceptance** *(No Account Owner action is necessary in this section.)*

The SMART529 WV Direct 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.



**Authorized signature, SMART529 WV Direct College Savings Plan**

**INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **SMART529 WV Direct, P.O. Box 55362, Boston, MA, 02205-5362**. Make the check payable to **SMART529**. Include the Account Owner name and the SMART529 WV Direct Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.

