

DO NOT STAPLE

MOST—Missouri's 529 Education Plan

Incoming Rollover Form



- Complete this form to initiate a direct rollover of assets from another 529 plan or education savings account to an existing account in MOST—Missouri's 529 Education Plan. **Important:** If you have not established an account, you must also complete and enclose an Enrollment Application. If you are moving assets from more than one account, complete a separate form for each.
- **Important:** Please contact the financial institution currently holding the assets to find out whether it has any additional requirements for rolling over these assets.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at missourimost.org. Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to **MOST—Missouri's 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri's 529 Education Plan, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131**.

1. Type of Rollover

- ☐ Transfer from a qualified 529 savings plan.
- ☐ Transfer from an education savings account (ESA).

2. MOST 529 Account Information

Account Number (If you have not established an account, also complete and enclose an Enrollment Application.)

Name of Account Owner (first, middle initial, last)

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Daytime Telephone Number

Evening Telephone Number

Name of Beneficiary (first, middle initial, last)

Last Four Digits of Beneficiary Social Security Number or Individual Taxpayer ID Number

REMEMBER TO SIGN IN SECTION 5.



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3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

The account from which you are moving assets must have the same account owner name and Social Security number, individual taxpayer identification number, or EIN as your account with **MOST 529**. Please contact your current 529 plan manager or ESA custodian for the proper mailing address.

Account Number of 529 Plan or ESA

Name of Financial Institution (where your current 529 or ESA account is held)

Full Name of 529 Plan (If assets are in an ESA, leave blank.)

Address

City

State

Zip

Contact Person

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Telephone Number

☐

Check this box if the beneficiary on this account differs from the beneficiary indicated in **Section 2**.

4. Instructions to Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the financial institution indicated in **Section 3**. Your rollover proceeds will be invested according to the allocation instructions on file at the time the assets are received. If you have not established an account, they will be invested according to your investment selection on the **Enrollment Application**.

Check one.

- A. ☐ **Roll over all of the assets in my account to my MOST 529 account.** (To list more than two accounts, use a separate sheet.)

Account Number

\$

Estimated Account Value

Account Number

\$

Estimated Account Value

- B. ☐ **Roll over a portion of the assets, as directed below, to my MOST 529 account.** (To list more than two accounts, use a separate sheet.)

Account Number

Name of Investment Portfolio

\$

Dollar Amount

Account Number

Name of Investment Portfolio

\$

Dollar Amount

5. Signature—YOU MUST SIGN BELOW

Check with your current 529 plan manager or ESA custodian to determine if a signature guarantee—that is, certification that your signature is genuine—is required below to process this rollover. The lack of a required signature guarantee could delay this rollover.

If your current 529 plan manager or ESA custodian requires a signature guarantee, do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution providing the guarantee. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.

I certify that I have read the Program Description, Privacy Policy, and Participation Agreement and understand the rules and regulations governing direct rollovers from other 529 plans and ESAs. I understand that IRS regulations permit only one direct or indirect rollover for the same beneficiary in a 12-month period for 529 accounts.

➤ / /
Signature of Account Owner (If the account owner is a minor, the parent or guardian of record must sign.) Date (month, day, year)

Signature Guarantee—IF APPLICABLE

➤
 Signature of Guarantor

Title/Name of Institution

/ /
 Date (month, day, year)

Authorized Officer to Place Stamp Here

6. Authorization and Acceptance (MOST 529 will complete this section.)

MOST—Missouri's 529 Education Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds into the account established on behalf of the account owner named in **Section 2** herein.


Authorized Signature, MOST 529

Instructions to Custodian

Send redemption proceeds by check to MOST—Missouri's 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212. **Make the check payable to: MOST—Missouri's 529 Education Plan. Include the MOST 529 account number on the check, and enclose a statement from the distributing financial institution detailing a breakdown of contributions and earnings in your previous 529 plan account or ESA.**

