

Incoming Transfer/Rollover Form



If you have questions while completing this form, call Future Scholar 529 Plan toll-free at 888.244.5674, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

All completed applicable forms and documentation should be sent to the following address:

Regular Mail:

Future Scholar 529 Plan PO Box 219812 Kansas City, MO 64121-9812

Overnight Mail:

Future Scholar 529 College Savings Plan c/o SS&C GIDS, Inc. 430 W 7th Street STE 219812 Kansas City, MO 64105-1407

1.	Type of transfer or rollover (chec	ck one)				
	☐ From another state's 529 Plan*			From the redemption of a Coverdell Education Savings Account*		
	☐ Reallocation from another 529 plan sponsored by the State of South Carolina			Transfer in kind		
	Note: This option is considered one of the two investment reallocations allowed per calendar year					
	* Account Owner beneficiary combination must be identical					
2.	Account Owner and Designated	Beneficiary	Info	rmation		
ESA	for a direct rollover of funds. The Plan will conta	act them to have	funds	ne plan administrator for your existing CSP or Coverdell transferred directly to your Future Scholar 529 Plan with this form and provide the contact information below.		
	ary Account Owner's First Name (or entity name)	Middle initial	Last n	•		
	ary recount owner 3 t not reame (or entity nume)	Wildele Hiller	Lastii	unic		
Social Security number or other Taxpayer Identification Number			Date of Birth (MM/DD/YY)			
Joint	Account Owner's First Name (if applicable)	Middle initial	Last n	ame		
Desi	gnated Beneficiary's First Name	Middle initial	Last n	ame		
Desi	gnated Beneficiary's Social Security number					

Name of plan from which assets are being rolled over				
Name of company that is surrendering the assets (if available)				
Address				
City			State	Zip
City			State	Zip
Contact name (if any) at the surrendering company			Telephone	
3B. Authorization for direct rollover This authorization instructs the plan administrator ALL or PART				
If you are rolling over a portion of your existing a		please indicate either		mount or percentage here:
	OR		%	
Please send the proceeds to: Future Scholar 529 Plan PO Box 219812 Kansas City, MO 64121-9812 Please make check payable to Future Scholar 52 (The names of the Account Owner and Designate 4. Existing Plan Information Please provide a current account statement with List all Investment names and account numbers Investment name	ed Beneficiary sh this form.		check.)	
Account number				
Investment name				
Account number				
Investment name				
Account number				
Investment name				
Account number				

^{*} Please note that an allocation from another 529 plan sponsored by the State of South Carolina is considered an investment reallocation and not a rollover and is therefore subject to the twice per calendar year limitation. See Program Description for details.

5.	investment Allocation									
	Check here if you wish to transfer or rollover to a Future Scholar 529 Plan account that has not been opened for the Designated Beneficiary. Complete an Account Application and attach it to this form. You do not need to complete the remainder of this section. The Plan will use the investment allocations indicated on the Account Application.									
	Check here if rollover is eligible for Net Asset	t Value transfer on Pricing Alterr	native A. See	the Program Description for details.						
	Check here if you have an existing account in Future Scholar 529 Plan for the Designated Beneficiary but wish to invest the assets into new portfolios. The allocation instructions you provide in the portfolios below will NOT affect your existing allocation (if any) currently on file for the designated beneficiary. Future Scholar Account Number Check here if rollover is eligible for Net Asset Value transfer on Pricing Alternative A. See the Program Description for details.									
	Please invest these rollover assets as follow percentages below. You may choose as few or at least \$100. Use a whole percentage next to elease note that purchases that do not meet the additional information, please contact Future Science.	as many new portfolios as you each portfolio number or name. e minimum will be returned to y	would like, a Portfolio cho ou, which ma	s long as your investment in each is pices must collectively equal 100%.						
Po	rtfolio Number Or Portfolio Name	Pricing Alternative ¹	Percentage Amount							
				%						
				%						
				%						
				%						
		Total Percentage		%						
¹ PI	ease refer to the applicable Program Description	for additional information abou	ut Pricing Alte	ernatives						
6.	Signature									
	ne firms may require a Medallion signature guarantee ton a guarantee.	o process a rollover. Please check	with your curr	rent institution to find out if you need to ob	tair					
with Des rollo	signature below certifies that the information contained drawal from the account(s) listed in section 4. I unders cription. I also certify that either: (i) the new Designated ver is between CSPs without a Designated Beneficiary 12 months.	tand and agree to all terms of this d Beneficiary is a "member of the f	withdrawal as family" of the o	presented on this form and in the Progra current Designated Beneficiary; or (ii) the						
Print	Name of Account Owner (Include capacity, if applicable)	Signature of Account Owner		 Date						
Prin	Name of Joint Tenant (if applicable)	Signature of Joint Tenant		Date						

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee Stamp

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction.

7. Important Information

Required documentation

In the case of a **rollover contribution from another college savings program**, a statement or documentation issued by the distributing college savings program that shows the earnings portion of the withdrawal. In the case of any direct transfer between college savings programs, the distributing program must provide the receiving program with a statement setting forth this information.

In the case of a **contribution from a Coverdell Education Savings Account**, an account statement or other documentation issued by the financial institution that acted as trustee or custodian of the ESA that shows the total amount contributed to such account and the earnings in the account.

Treatment for insufficient documentation:

Until the transfer agent receives the documentation described above, as applicable, **Future Scholar 529 Plan** will treat the entire amount of the contribution as earnings in the account receiving the contribution.

Maximum account balance limits

You may transfer or rollover funds to a **Future Scholar 529 Plan** account for a Designated Beneficiary so long as the aggregate value of assets in all accounts for the same Designated Beneficiary under all college savings programs sponsored by the State of South Carolina (regardless of Account Owner) does not exceed the Maximum Account Balance. **See the Program Description for more information.**

Please mail this form and any applicable attachments to:

Future Scholar 529 Plan PO Box 219812 Kansas City, MO 64121-9812

Columbia Management Investment Distributors, Inc., member FINRA, is the distributor and underwriter for the Future Scholar 529 Plan. The Office of State Treasurer of South Carolina (the State Treasurer) administers the Program and has selected Columbia Management Investment Advisers, LLC and Columbia Management Investment Distributors, Inc. (Columbia Management) as Program Manager. Columbia Management and its affiliates are responsible for providing certain administrative, recordkeeping and investment services, and for the marketing of the Program. Columbia Management is not affiliated with the State Treasurer. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

