



FUTURE SCHOLAR
529 COLLEGE SAVING PLAN

Incoming Transfer/Rollover Form

If you have questions while completing this form, call Future Scholar 529 Plan toll-free at 888.244.5674.

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

Regular Mail:

Future Scholar 529 Plan
P.O. Box 8036
Boston, MA 02266-8036

Overnight Mail:

Future Scholar 529 Plan
30 Dan Road, Suite 8036
Canton, MA 02021

1. Type of transfer or rollover (check 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 Information

Complete this form ONLY if you want Future Scholar 529 Plan to contact the plan administrator for your existing CSP or Coverdell ESA for a direct rollover of funds. The Plan will contact them to have funds transferred directly to your Future Scholar 529 Plan account. To expedite this rollover, include a copy of your current statement with this form and provide the contact information below.

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Primary Account Owner's First Name (or entity name)

Middle initial

Last name

Social Security number or other taxpayer identification number

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Joint Account Owner's First Name (if applicable)

Middle initial

Last name

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Designated Beneficiary's First Name

Middle initial

Last name

Designated Beneficiary's Social Security number or other taxpayer identification number

3A. Current Custodian Information

Name of plan from which assets are being rolled over

Name of company that is surrendering the assets (if available)

Address

City

State

Zip

Contact name (if any) at the surrendering company

Telephone

3B. Authorization for direct rollover

This authorization instructs the plan administrator of my existing plan to rollover the following amount from my current balance:

ALL

or

PART

If you are rolling over a portion of your existing account assets, please indicate either the dollar amount or percentage here:

\$

OR

%

Please send the proceeds to:

Future Scholar 529 Plan

PO Box 8036

Boston, MA 02266-8036

Please make check payable to Future Scholar 529 Plan.

(The names of the Account Owner and Designated Beneficiary should be included on the check.)

4. Existing Plan Information

Please provide a current account statement with this form.

List all investment names and account numbers with the current custodian

Investment name

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 you wish to transfer or rollover into an existing account in Future Scholar 529 Plan for the Designated Beneficiary. Then complete this section and provide the Future Scholar 529 Plan account number.

Please invest these rollover assets as follows: Fill in either the dollar amount or the percentage being rolled over for each portfolio-account. You may choose as few or as many new portfolios as you would like, as long as your investment in each is at least \$100. Transfers or rollovers into an existing portfolio-account must be at least \$50. Please note that purchases that do not meet the minimum will be returned to you, which may have tax implications. For additional information, please contact Future Scholar 529 Plan at 1.888.244.5674.

Portfolio number	Account number	Pricing Alternative ¹	Dollar amount	OR	Percentage amount ²
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	- <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %

¹ Please refer to the applicable Program Description for additional information about Pricing Alternatives

² Amounts indicated must equal total dollar amount of contribution or 100%.

6. Signature

Some firms may require a Medallion signature guarantee to process a rollover. Please check with your current institution to find out if you need to obtain such a guarantee.

My signature below certifies that the information contained in this form and in any attachment to this form is true and correct and authorizes a withdrawal from the account(s) listed in section 4. I understand and agree to all terms of this withdrawal as presented on this form and in the Program Description. I also certify that either: (i) the new Designated Beneficiary is a "member of the family" of the current Designated Beneficiary; or (ii) the rollover is between CSPs without a Designated Beneficiary change and I have not requested a rollover for the same Designated Beneficiary within the last 12 months.

X _____
Account owner's signature (and capacity if applicable)

Date

X _____
Joint Account owner's signature (required if joint registration)

Date

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	Maximum account balance limits
<p>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.</p> <p>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.</p> <p>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.</p>	<p>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 (\$400,000). See the Program Description for more information.</p> <p>Please mail this form and any applicable attachments to:</p> <p>Future Scholar 529 Plan P.O. Box 8036 Boston, MA 02266-8036</p>

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.

