

- ▶ Complete this form to submit (1) a contribution or indirect rollover from another Qualified Tuition Program (QTP) or (2) a Coverdell Education Savings Account (CESA) by check. Checks should be made payable to the Vermont Higher Education Investment Plan and must be drawn on a banking institution located in the United States in U.S. dollars.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ If you do not have a VHEIP account for the Beneficiary, please complete an Account Enrollment Form instead.
- ▶ Your contribution will be invested according to the allocation instructions on file at the time it is received.
- ▶ **Complete a separate form for each account.**
- ▶ **Questions?** Visit [www.vheip.org](http://www.vheip.org) or call us at 1-800-637-5860.

### 1. ACCOUNT INFORMATION *(This is the account to which you'd like to contribute.)*

Account Owner, Custodian, or Entity Name *(First, MI, Last, Suffix)*

Account Number *(Required)*

Beneficiary Name *(First, MI, Last, Suffix)*

### 2. CONTRIBUTION SOURCE

Personal checks (excluding starter checks and cashier's checks), bank drafts, teller's checks, and checks issued by a financial institution or brokerage firm payable to the Account Owner or the Beneficiary and endorsed over to the Plan by the Account Owner are permitted, as are third-party personal checks up to \$10,000 that are endorsed over to the Plan.

Please select all that apply:

**Check** \$   
*(\$25 minimum)*

**Indirect Rollover from another (QTP) or a CESA.**

- ▶ Indicate the amount of your rollover below.
- ▶ You must enclose a check for this amount and documentation from the distributing financial institution detailing a breakdown of contributions and earnings.
- ▶ Indirect rollover funds must be received within 60 days of the date of withdrawal from the other program or account.

**Contributions**  
\$   
Amount

**Earnings**  
\$   
Amount

**Total Indirect Rollover**  
\$   
Amount

**Please note:** Unless the Plan receives a statement or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

### 3. SIGNATURE & AUTHORIZATION *(This section must be signed)*

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:**

It is my intent to make an additional contribution to my VHEIP account(s). If I have enclosed a check for an indirect rollover, that this amount was withdrawn from another QTP or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. If I have provided banking information in Section 6, I authorize the Vermont Higher Education Investment Plan (VHEIP) to debit my bank account and to deposit such funds into my VHEIP account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s).

All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

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Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

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Date

*The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.*

