



Vermont Higher Education Investment Plan (VHEIP) Incoming Rollover Form

Return to: PO BOX 44002, Jacksonville, FL 32231
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256

- ▶ Complete this form to (1) initiate a rollover of assets directly from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account (CESA) to an existing VHEIP account, or (2) contribute an indirect rollover.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ Please consult a qualified financial, legal and/or tax advisor regarding the application of federal, state, and local tax law before submitting your rollover request.
- ▶ If you do not have a VHEIP account for the Beneficiary, please complete and attach an Account Enrollment Form.
- ▶ **Complete a separate form for rollovers from and to more than one account.**
- ▶ **Questions? Visit www.vheip.org or call us at 1-800-637-5860.**

1. ACCOUNT INFORMATION *(This is your new or existing VHEIP account.)*

- ▶ You can rollover assets into a VHEIP Account for the same Beneficiary or for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the **Disclosure Booklet**.
- ▶ Funds that were previously on deposit in an UGMA/UTMA account can only be deposited into an UGMA/UTMA account for the same Beneficiary within VHEIP.

Who is the VHEIP Beneficiary? Same Beneficiary New Beneficiary *(excluding UTMA/UGMA)*

Type of Account? Individual Custodial *(UTMA/UGMA)* Entity

Account Number

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

Account Owner Last 4 Social Security Number or Taxpayer Identification Number

Daytime Phone Number

Evening Phone Number

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

Beneficiary Last 4 Social Security Number or Taxpayer Identification Number

2. TYPE OF ROLLOVER

Please select one of the following:

Direct Rollover from another QTP.

- ▶ VHEIP will request a transfer of assets on your behalf directly from your current QTP into your VHEIP account.
- ▶ Please verify whether your current QTP has any additional requirements before you submit this form to VHEIP.
- ▶ Complete **Sections 3, 4 and 5**.

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.
- ▶ Your indirect rollover check must be received within 60 days of the date of withdrawal from the other program or account.
- ▶ Complete **information below** and **Section 5**.

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. CURRENT QTP INFORMATION

The account from which you are transferring assets must have the same Account Owner name and Social Security Number or Taxpayer Identification Number as your VHEIP account. Please contact your current QTP for the proper mailing address.

Account Number at Current QTP

Account Owner Social Security Number
or Taxpayer Identification Number

Account Owner Name at Current QTP (First, MI, Last, Suffix)

Beneficiary Name at Current QTP (First, MI, Last, Suffix)

Name of Current QTP

Mailing Address (Line 1)

Mailing Address (Line 2)

City

State

Zip Code

4. INSTRUCTIONS TO CURRENT QTP

Your rollover assets will be invested according to the allocation instructions on file at the time the assets are received. For new accounts, we'll follow the allocation instructions on your Account Enrollment Form.

To my current QTP:

Please liquidate assets from my account as requested below. Send redemption proceeds by check to: **Vermont Higher Education Investment Plan, PO BOX 44002, Jacksonville, Florida 32231**. Make check payable to *Vermont Higher Education Investment Plan*. Include the account number on the check and enclose a statement that shows the principal and earnings portions of the distribution.

Rollover the ENTIRE account balance.

\$
Estimated Amount

Rollover a PARTIAL account balance, pro-rate proportionally across my investments.

\$
Rollover Amount

Rollover a PARTIAL account balance, as indicated below.
To list more than four investments use a separate sheet.

Investment Portfolio(s) Name	Rollover Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total Outgoing Rollover Amount:	\$ <input type="text"/>

5. 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 a complete or partial rollover to the Plan. I understand that tax-free rollovers must meet certain requirements that are summarized in the Disclosure Booklet and Participation Agreement. 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.

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

IMPORTANT INFORMATION

- ▶ Your current QTP may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your assets. To avoid delays, call your current QTP for instructions before mailing this form to VHEIP.
- ▶ Authorized officers of certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange may provide a signature guarantee. A notary public **cannot** provide a signature guarantee.
- ▶ **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

Signature of Account Owner

Date (mm/dd/yyyy)

Title/Name of Institution

Authorized Officer to Place Stamp Here

Applies to all signatures in Section 7.

6. PLAN MANAGER SIGNATURE

Vermont Higher Education Investment Plan hereby agrees to accept the transfer described herein and upon receipt will deposit the proceeds in the account established on behalf of the individual named herein.

Authorized Signature, Vermont Higher Education Investment Plan

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.

