

- ▶ Complete this form to initiate a rollover of assets from a SMART529 College Savings account to an existing Jumpstart Savings account.
- ▶ **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 Jumpstart account for the Beneficiary, please complete enrollment on access.wvjumpstart.gov before submitting this form.
- ▶ Complete a separate form for each Account, and upload by logging in to **access.wvjumpstart.gov**.

1. ACCOUNT INFORMATION *(required)*

You can roll over assets into a Jumpstart Savings Account for the same Beneficiary or for another Beneficiary who is a member of the previous Designated Beneficiary's Immediate family, as described in the Disclosure and Participation Agreement.

Who is the Beneficiary: Same Beneficiary New Beneficiary

Account Number

Account Owner Name *(first, MI, last)*

Account Owner Last 4 Social Security Number
or Taxpayer Identification Number

Daytime Phone Number

Evening Phone Number

Beneficiary Name

Beneficiary Last 4 Social Security Number or Taxpayer
Identification Number

2. ROLLOVER AMOUNT

Please indicate the amount of your rollover below:

<p>Contributions</p> <p>\$ <input type="text"/></p> <p>Amount</p>	<p>Earnings</p> <p>\$ <input type="text"/></p> <p>Amount</p>	<p>Total Rollover</p> <p>\$ <input type="text"/></p> <p>Amount</p>
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You must deposit a check or ACH contribution for this amount and documentation from the distribution financial institution detailing a breakdown of contributions and earnings within 30 days of the date of withdrawal from the other program or account.

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 QUALIFIED TUITION PROGRAM 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 Jumpstart account.

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Account Owner Name

Account Owner Last 4 Social Security Number or Taxpayer Identification Number

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Current Beneficiary Name

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Name of Current Qualified Tuition Plan

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Current Qualified Tuition Plan Mailing Address Line 1

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Address Line 2

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City

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State

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ZIP Code

4. SIGNATURE & AUTHORIZATION

By signing below, 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 on behalf of the Account Owner, and additionally that:

It is my intent to make the change(s) noted in the sections above on the account listed in Section 1. All 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 Jumpstart and its agents and their affiliates to act on my instructions based upon this information. I understand that the West Virginia Jumpstart Savings Program Account Disclosure Statement & Informational Booklet may be amended from time to time 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 Jumpstart, 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

Date (mm/dd/yyyy)