

ROLLOVER



✓ USE THIS FORM TO:

- Initiate a rollover directly from another qualified 529 plan to an Alaska 529 Account.

✗ DO NOT USE THIS FORM TO:

- Indirectly transfer or move assets from an account distributed to you within the past 60 days. Call us for instructions to indirectly roll over assets.

- Indicates you may need to attach documentation.
- This stamp indicates a signature guarantee is required.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

Alaska 529	Alaska 529
P.O. Box 17150	Mail Code 17150
Baltimore, MD 21297-1150	4515 Painters Mill Road
	Owings Mills, MD 21117-4903

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

1 ALASKA 529 ACCOUNT

1A RECEIVING ACCOUNT INFORMATION

The Account Holder on the Alaska 529 Account must be the same as the Account Holder on the originating account. Assets can be rolled over between 529 Plans for the same Beneficiary once every 12 months. If the Beneficiary changes, there is no limit on rollovers between 529 Plans.

Account Holder (Trust name, if applicable)		Social Security Number (SSN)
Beneficiary		SSN
Custodian/Trustee/Purchaser (if applicable)		SSN
Phone	Email Address	

If you are changing the Beneficiary for this rollover, is the new Beneficiary a Member of the Family of the current Beneficiary as defined in the Plan Disclosure Document?

- Check one:** Yes—this is a qualified Family Member.
 No—this is not a qualified Family Member and this is a Nonqualified Distribution and the earnings portion may be subject to taxes and penalties.

1B PORTFOLIO SELECTION

If you do not have an existing account for the Account Holder and Beneficiary provided in Section 1A, open a new account at Alaska529plan.com.

1. Portfolio Name		Account Number
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR %
2. Portfolio Name		Account Number
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR %

For more Accounts, check this box and attach a [separate page](#).

2 ACCOUNT TO BE ROLLED OVER

Attach a copy of your current statement showing the distribution breakdown (principal and earnings), or the entire rollover must be classified as earnings. The amount of earnings and principal applicable to the rollover must be provided within 30 days after the distribution or by January 10 of the year following the calendar year in which the rollover occurred, whichever is earlier. Contact your current 529 Plan Program Manager to determine if there are any additional requirements to process your rollover.

529 Plan Name		
Address		
City	State	ZIP Code
529 Program Manager		Phone
Account Holder		SSN
Beneficiary		SSN
Custodian (if applicable)		
1. Portfolio Name		Account Number
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR %
2. Portfolio Name		Account Number
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR %

For more Accounts, check this box and attach a [separate page](#).



3 SIGNATURE

By signing this form, I understand and hereby certify that:

- If this rollover is for the same Beneficiary, there have been no other rollovers between 529 Plans for the same Beneficiary in the previous 12 months. If this rollover is for a different Beneficiary and the Beneficiary on the Alaska 529 Account is not a Family Member (as defined in the Plan Disclosure Document) of the Beneficiary on the 529 Plan Account I am rolling over, I understand the distribution will be considered a Nonqualified Distribution.
- I authorize this rollover and acknowledge that if my current Program Manager fails to provide the applicable earnings, the entire rollover contribution will be treated as earnings.
- It is my responsibility to maintain accurate records as may be required to substantiate this change.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.
- The information provided by me is accurate, and I agree to hold harmless the Trust, T. Rowe Price, and the University of Alaska for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this request.

A signature guarantee is required if:

- Your current 529 Plan Program Manager requires it.

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

SIGNATURE AND DATE REQUIRED

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s)	Date (mm/dd/yyyy)
X	
Print Name	

Official Use Only—Letter of Acceptance/Payment Instructions

Payment Instructions to Current Program Manager

We maintain a Qualified Tuition Program Account under Section 529 for the Account Holder and will place the rollover assets into the Account for the Account Holder and Beneficiary identified in Section 1.

Authorized Signature, T. Rowe Price	Date (mm/dd/yyyy)
X	
Title	

Make check payable to: Alaska 529 TOA

Account Holder	Beneficiary
Tracking Number	

Mail proceeds to T. Rowe Price:
 Alaska 529
 P.O. Box 17150
 Baltimore, MD 21297-1150

Express delivery only:
 Alaska 529
 Mail Code 17150
 4515 Painters Mill Road
 Owings Mills, MD 21117-4903

Earnings*	\$
Principal*	\$
Total Rollover	\$

***NOTE:** You must provide the earnings applicable to the rollover and the principal. If left blank, the entire rollover contribution will be treated as earnings in accordance with IRS requirements.

