



**CollegeInvest Smart Choice College Savings PlanSM
A 529 Savings Plan**

Rollover Certification

529 Plan Administrator Information

FirstBank
10403 West Colfax Avenue
Lakewood, CO 80215
(303) 232-2000

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| 529 PLAN ACCOUNT IDENTIFICATION (ACCOUNT OWNER'S SOCIAL SECURITY NUMBER) |
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Designated Beneficiary Information

| | | |
|--|---------------|----------------------------------|
| BENEFICIARY NAME (FIRST, MIDDLE INITIAL, LAST) | DATE OF BIRTH | SOCIAL SECURITY OR TAX ID NUMBER |
| ADDRESS NUMBER AND STREET | | |
| ADDRESS CONTINUED | | |
| CITY, STATE, ZIP CODE | | |
| HOME PHONE | CELL PHONE | |

529 Plan to 529 Plan Rollover Requirements *To be an eligible rollover, both questions must be answered NO.*

1. Timeliness

Have more than 60 days elapsed since you received the distribution from the distributing 529 Plan? Yes No

2. Investment Change Restriction

Have you made an investment change involving these assets in the current calendar year? Yes No

Basis and Earnings Information

The Account Owner must provide documentation from the previous 529 Plan Administrator. If no documentation is received, the entire contribution will be deemed as earnings.

Authorization

Due to the important tax consequences of rolling over funds to a 529 Plan, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the 529 Plan Administrator. I assume full responsibility for this rollover transaction and will not hold the 529 Plan Administrator liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of \$ _____ in cash as a rollover contribution.

SIGNATURE: _____
Account Owner

DATE: _____

SIGNATURE: _____
529 Plan Administrator

DATE: _____

Smart Choice College Savings Plans are not insured by CollegeInvest, the State of Colorado, or its agencies. However, these funds are FDIC insured in accordance with the current FDIC coverage limits.

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