

my529 Account _____

Date Received/Initials _____

Date Processed/Initials _____

Form 215

Liquidated Funds Transfer: 529 Plan, Coverdell ESA, or Savings Bonds

ABOUT THIS FORM

- Use this form to transfer **liquidated funds** from another 529 plan, a Coverdell Education Savings Account (ESA), or qualified U.S. Savings Bonds to an existing my529 account.
- **A my529 account must be established before funds can be transferred.**
- **From another 529 plan:** To roll over liquidated funds into my529 from another 529 plan, enclose documentation from the other 529 plan showing the portion of the amount that is principal and the portion that is earnings. If you do not provide this documentation, the full amount will be considered earnings, which could result in a greater proportion of your account being subject to taxes and tax penalties in case of a nonqualified withdrawal. A rollover from one 529 plan to another 529 plan for the benefit of the same beneficiary can occur only once every 12 months.
- **From a Coverdell ESA:** To transfer liquidated funds from a Coverdell ESA, enclose documentation from the financial company that held the Coverdell ESA, showing the portion of the amount that is principal and the portion that is earnings. If you do not provide this documentation, the full amount will be considered earnings, which could result in a greater proportion of your account being subject to taxes and tax penalties in case of a nonqualified withdrawal.
- **From a U.S. Savings Bond:** To transfer a liquidated U.S. Savings Bond, please enclose form 1099-INT or a statement from the financial institution showing the interest paid upon redemption of the bonds. If you do not provide this documentation, the full amount will be considered earnings, which could result in a greater proportion of your account being subject to taxes and tax penalties in case of a nonqualified withdrawal.

SUBMITTING THIS FORM

- Requests in good order will usually be completed within three business days after my529 receives this form.
- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact my529 toll-free at 800.418.2551 on business days from 7 a.m. to 5 p.m. MT.
- Return this form and required documentation to: my529, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: my529, Utah Board of Higher Education Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.

1 my529 Account Information

my529 Account Number	Account Owner/Agent's Last Name	First Name
Beneficiary's Last Name	First Name	

2 Money Source

Indicate the source of the liquidated funds.

- 529 plan account (check is enclosed)
Plan name: _____
- Coverdell ESA (check is enclosed)
Institution where ESA was held: _____
- Qualified U.S. Savings Bonds (check is enclosed)

Check the box that applies:

- The beneficiary of the original account is the same as the beneficiary named in section 1.
- The beneficiary of the original account is different from the beneficiary named in section 1, but is a family member of that beneficiary.

Original Beneficiary's Last Name	First Name
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3 Signature Authorization

By signing below,

- I certify that I have read the Program Description and understand the rules governing qualified withdrawals from 529 plans, Coverdell ESAs, or qualified U.S. Savings Bonds, as applicable.
- If the beneficiary listed on the other 529 plan account, the Coverdell ESA account, or U.S. Savings Bonds is different from the beneficiary of the my529 account in section 1, I certify that the beneficiaries are family members, as defined in the my529 Program Description.
- I understand that if my529 does not receive a statement showing the principal and earnings components of the contribution, my529 will treat the entire contribution as earnings.
- If the my529 account or the source account is an UGMA/UTMA account, I certify that I am the custodian of the account and that the transfer is necessary for the welfare of the beneficiary.
- I understand that a rollover from one 529 plan to another 529 plan for the same beneficiary can only take place once every 12 months.
- If I am a Utah taxpayer or resident, I understand that a rollover from another 529 plan into my529 is eligible for the Utah state income tax credit or deduction.
- If I am not a Utah taxpayer or resident, I understand that I should consider whether the state in which I or my beneficiary pays taxes or resides offers a 529 plan that provides state tax or other benefits not otherwise available to me by investing in my529. I understand that I should consider such state tax treatment and benefits, if any, before making a rollover to my529.
- **If I am not a Utah taxpayer or resident, I also understand that I should determine whether I will be subject to adverse tax consequences if I transfer funds out of my home state's plan.**
- I certify that the information on this form is true and accurate.



my529 Account Owner/Agent Signature

Date (mm/dd/yyyy)

my529 Account Owner/Agent Name (please print)

Title (if signed on behalf of a trust, corporation, or other institution)