



## Arkansas Brighter Future Direct Plan Incoming Rollover Form

- Complete this form to initiate a direct rollover from another 529 plan or an education savings account (ESA) to an existing account in the Arkansas Brighter Future Direct Plan. *(If you have not established an account, you must also complete and enclose an **Account Application**.)*
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **[www.BrighterFutureDirect529.com](http://www.BrighterFutureDirect529.com)**, or you can call us to order any form – or request assistance in completing this form at **1.800.587.7301** any business day from 9:00 a.m. to 8:00 p.m. ET.

Mail this form and any other required documents to:

**Arkansas Brighter Future Direct Plan**  
**P.O. Box 219376**  
**Kansas City, MO 64121-9376**

For overnight delivery or registered mail, send to:

**Arkansas Brighter Future Direct Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## 1. Arkansas Brighter Future Direct Plan Account Information

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}$$

Account Number (If you have not established an account, also complete and enclose an Account Application.)

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}$$

Social Security Number or Taxpayer Identification Number

[illegible]

Name of Account Owner (first, middle initial, last)

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}$$

Daytime Telephone Number

$$\square\square\square - \square\square\square - \square\square\square\square$$

Evening Telephone Number

[illegible]

Name of Designated Beneficiary (first, middle initial, last)

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}$$

Designated Beneficiary Social Security Number or Taxpayer Identification Number (Required)



\* AR ROLLOVER IN \*

## 2. Current 529 Program Manager or ESA Custodian (Financial Institution)

The account from which you are moving assets must have the same account owner name as well as Social Security number or taxpayer identification number as your account with the Arkansas Brighter Future Direct Plan.

Account Number of 529 Plan or ESA

Name of Current Plan Manager or Custodian (usually a financial institution)

Address

City

State

Zip

Contact Person

Telephone Number

☐

Check this box if the beneficiary on this account differs from the beneficiary indicated in **Section 1**.

## 3. Instructions to Your Current 529 Program Manager or ESA Custodian

The assets described below must all be held by the financial institution indicated in **Section 2**. If you are moving assets from more than one institution, fill out a separate form for each. Your rollover proceeds will be invested according to the allocation instructions on file at the time the assets are received. If you have not established an account, they will be invested according to what you choose on the **Account Application**.

(Check and complete one.)

- A. ☐ **Rollover all of the assets in my account.** (To list more than two accounts, use a separate sheet.)

Account Number

\$

Estimated Account Value

Account Number

\$

Estimated Account Value

- B. ☐ **Rollover a portion of the assets as directed below.** (To list more than three options, use a separate sheet.)

Account Number

Name of Investment Portfolio

☐

or

\$

All

Dollar Amount

Account Number

Name of Investment Portfolio

☐

or

\$

All

Dollar Amount

Account Number

Name of Investment Portfolio

☐

or

\$

All

Dollar Amount

**4. Signature — YOU MUST SIGN BELOW**

**If your current plan manager or custodian requires a Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature isn't genuine. A notary public cannot provide a Signature Guarantee, nor can you guarantee your own signature. The lack of a required Signature Guarantee could delay this rollover.**

I certify that I have read and understand, consent and agree to all of the terms and conditions of the Arkansas Brighter Future Direct Plan Program Description and Participation Agreement, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings accounts. I understand that IRS regulations permit only one such rollover for the same beneficiary in a 12-month period for 529 accounts.

➤ **SIGNATURE**  
Signature of Account Owner

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

**Signature Guarantee – IF APPLICABLE**

➤ **SIGNATURE**  
Signature Guarantee

➤ **SIGNATURE**  
Signature of Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

**Authorized Officer to Place Stamp Here**

**5. Authorization and Acceptance** *(No Account Owner action is necessary in this section.)*

The Arkansas Brighter Future Direct Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the account established on behalf of the individual named herein.

  
**Authorized Signature, Arkansas Brighter Future Direct Plan**

**INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **Arkansas Brighter Future Direct Plan, P.O. Box 219376, Kansas City, MO 64121-7241.**

Make the check payable to: **Arkansas Brighter Future Direct Plan.** Include the account owner name and the Arkansas Brighter Future Direct Plan account number (if provided) on the check and enclose a statement that shows the principal and earnings in the account.

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