## Brighter Future Advisor Plan

# **Incoming Rollover Form**



- Complete this form along with your financial advisor to initiate a direct rollover from another 529 plan or an education savings account (ESA) to an existing account in the Brighter Future Advisor 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 **http://brighterfutureadvisor529.com**, or you can call us to order any form — or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700 For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Brighter Future Account Information	
Account Number (If you have not established an account, also complete and enclose an <b>Acc</b>	count Application.)
Social Security Number or Taxpayer Identification Number	
Name of Account Owner (first, middle initial, last)	
Daytime Telephone Number Ev	rening Telephone Number
Name of Designated Beneficiary (first, middle initial, last)	
Designated Reneficiary Social Security Number or Taynayer Identification Number (Require	radi



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Account Number		Name of Investment Portfolio
All or	\$ Dollar Amount	
Account Number		Name of Investment Portfolio
All or	\$ Dollar Amount	
Account Number		Name of Investment Portfolio
Or All	S Dollar Amount	

### DO NOT STAPLE

## 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 Brighter Future Advisor 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	Authorized Officer to Place Stamp Here
SIGNATURE	
Signature Guarantee	
Title	
Name of Institution	

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

Brighter Future Advisor 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, Brighter Future Advisor Plan

#### **INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **Brighter Future Advisor Plan**, **P.O. Box 219700**, **Kansas City**, **MO 64121-9700**. Make the check payable to: **Brighter Future Advisor Plan**. Include the account owner name and Brighter Future Advisor Plan account number (if provided) on the check and enclose a statement that shows the principal and earnings in the account.

