

4 Instructions to your current Qualified Tuition Program (Complete this section only for a **direct** rollover.)

Use a separate Rollover Form for New or Existing Accounts for each Qualified Tuition Program you maintain for this Beneficiary.

0 5 1 0 - 1 2 3 4 5 6 7 8

2 3 4 - 5 6 - 7 8 9 0

Account Number (This is the Account you have with your current QTP.)

Account Owner Social Security or Taxpayer Identification Number

J O H N A S A M P L E

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

A N N E M S A M P L E

Beneficiary Name (First, MI, Last, Suffix)

To my current Qualified Tuition Program: (Check only one box.)	
Please withdraw funds from my account as requested here, issue a rollover check to the Georgia Higher Education Savings Plan , which established the Path2College 529 Plan, and mail to the address below.	
<input checked="" type="checkbox"/> Rollover the ENTIRE balance in my account. (Est. Amt.: \$ 10,000 _) OR <input type="checkbox"/> Rollover a PARTIAL balance in my account, as indicated below.	
Investment Option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
TOTAL OUTGOING ROLLOVER AMOUNT	\$

Provide the name and mailing address for your current Qualified Tuition Program.

Q T P P R O G R A M

Current QTP Name

9 5 M A I N S T R E E T

Mailing Address Line 1

Mailing Address Line 2

A N Y T O W N G A 1 2 3 4 5

City, State, Zip

5 Signature and Authorization (Account Owner, Custodian or Authorized Representative of Entity must sign here.)

By signing below, I certify the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I certify that I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another Qualified Tuition Plan or Coverdell Education Savings Account. I understand that the *Path2College 529 Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

For Entity Accounts, e.g. *Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.*

The rollover requested on this form is authorized by the entity Account Owner named in Section 2 and that I have been authorized by the entity to act on its behalf in executing this form.

John A Sample *March 10, 2008*

Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

Note: Your current plan may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. Avoid delays and call your current plan for instructions before mailing this form.

Mail this form to:

Path2College 529 Plan
P.O. Box 105307
Atlanta, GA 30348-5307

