



# College Savings Bank Direct Rollover Form

Make checks and electronic transfers payable to:

**AFCSP, CSB as Manager**  
**ABA #2312-7588-2**

call, e-mail or log on for assistance:

**1-800-888-2723**

[arizona@collegesavings.com](mailto:arizona@collegesavings.com)

<http://arizona.collegesavings.com>

Mail to:

College Savings Bank  
PO Box 3769  
Princeton, NJ 08543

Complete this form to move funds to the Arizona Family College Savings Program 529 plan from the institution handling your current 529 plan or Coverdell education savings account. Please also complete a Arizona Family College Savings Program enrollment form. Note: UGMA/UTMA accounts must be transferred to the same beneficiary.

## Source of Funds

Name of Financial Institution		
Program Name		Telephone Number
Account Number		Rollover Amount Requested
Mailing Address		
City	State	Zip Code

## Existing Account Owner

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip Code
Mailing Address (if different)		
City	State	Zip Code
Social Security No.	Date of Birth	Relationship to Child
Home Phone	Business Phone	
E-Mail		

## Existing Account Type

- 529 Plan (Please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.)
- Coverdell Education Savings Account (Please enclose a distribution statement or equivalent, issued by the financial institution that acted as trustee or custodian of the account that shows the basis and earnings.)

## Existing Designated Beneficiary

First Name	Middle Initial	Last Name
Social Security No.*		
Date of Birth	Current Grade	First Year of College
Street Address	( ) Check if same as account owner	
City	State	Zip Code

- Please indicate if the existing designated beneficiary is different than the new designated beneficiary provided on your AFCSP Enrollment Form. New beneficiary must be a Family Member as described by IRC 529. See Disclosure Statement for definition of Family Member.

## Signature Authorization

**I hereby request payment from the financial institution designated above** in the form of a direct rollover. I assume full responsibility for this transaction and will not hold the Program Manager liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution. **I/we certify**, that I have read and understand the Arizona Family College Savings Program Disclosure Statement and that rollover contributions will be treated as earnings until the Program Manager receives appropriate documentation. **I/we certify**, under penalties of perjury that the Taxpayer Identification Number(s) or Social Security Number(s) set forth above are my/our correct number(s) (or I am waiting for a number to be issued). If you do not have a Taxpayer Identification Number or Social Security Number, write "Applied For" in the space for the Social Security Number (this means that you have already applied for a number or that you intend to apply for one in the near future). You will then have 60 days to obtain a number and furnish it to the Bank. If the Bank does not receive the number within 60 days, the Bank may be required to withhold a portion of the distributions.

\_\_\_\_\_  
Signature of Account Owner Date

\_\_\_\_\_  
Signature of Joint Owner (if applicable) Date

\_\_\_\_\_  
College Savings Bank Authorized Signature of Acceptance