

# Rollover Form



Use this form to roll over assets from another 529 Plan, a Coverdell Education Savings Account, or a U.S. savings bond to an account in The State Farm® College Savings Plan (the "Plan"). If you do not have an existing account in the Plan, please submit this form along with a completed Account Application. An account must be established for your assets to roll over as requested. The Plan is sponsored by the State of Nebraska and administered by the Nebraska State Treasurer. The Plan is established in cooperation with State Farm VP Management Corp. ("State Farm"), OFI Private Investments Inc. ("OFIPI"), Union Bank and Trust ("UBT") and the State of Nebraska, pursuant to which State Farm offers classes of shares in a series of accounts within the Nebraska Educational Savings Plan Trust (the "Trust") that are managed and distributed by OFIPI and its affiliates. The Trust offers other accounts that are not affiliated with the

Plan. State Farm does not provide investment management services for the Plan, and the accounts in the Plan are not insured or guaranteed by State Farm, OFIPI, UBT, the Trust, the State of Nebraska, any of their respective affiliates, directors, officers or agents, or any other entity. Investments in the plan may lose value.

Please complete all applicable sections and return to: The State Farm College Savings Plan, PO Box 173865, Denver, CO 80217-3865. For additional information, ask your State Farm VP Management Corp. Registered Representative or call a State Farm College Savings Plan Representative at 1-800-321-7520, Monday—Friday, 7:30 a.m. to 7:00 p.m. Central Time. We recommend that you speak with a tax advisor or a financial advisor regarding this rollover.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1. | Account Information

Existing Account Number (Leave blank if submitted with a new application.)

Account Owner's Name

Account Owner's Social Security Number or Tax Identification Number

Daytime Phone

Beneficiary's First Name

M.I.

Last Name

Beneficiary's Social Security Number (Required)



**2. | Releasing Institution's Account Information**

- Coverdell Education Savings Account       529 College Savings Program       U.S. Savings Bond

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Beneficiary's First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Beneficiary's Social Security Number (Required)

**3. | Instructions to Current/Resigning Trustee**

**1. Direct Rollover**

I am requesting and instructing The State Farm College Savings Plan to act on my behalf to obtain funds directly from the trustee of my current Section 529 College Savings Program Account listed in Section 2.

Full Account Transfer      Approximate Value \$

Partial Account Transfer      Enter Dollar Amount \$

\$  or  % from the \_\_\_\_\_ fund/investment

\$  or  % from the \_\_\_\_\_ fund/investment

\$  or  % from the \_\_\_\_\_ fund/investment

\$  or  % from the \_\_\_\_\_ fund/investment

\$  or  % from the \_\_\_\_\_ fund/investment

**2. Rollover Principal and Earnings**

You must indicate the portion of the Rollover or Transfer attributable to contributions (basis) and earnings. Otherwise, your entire Rollover or Transfer is required to be treated as earnings which may be taxable upon withdrawal.

\$   
Total Amount of Rollover/Transfer

\$   
Base Contribution or Cost Basis of Rollover/Transfer

\$   
Earnings Portion of Rollover/Transfer

Rollover/Transfer funds will be invested according to the Elected Investment Allocation (EIA) on your account. Changes to your EIA can be made online at [www.statefarm.com](http://www.statefarm.com) or by calling a State Farm College Savings Plan Representative at 1-800-321-7520.



4. | Rollover Authorization and Signature

I have established an account in The State Farm College Savings Plan. Please accept this request as your authorization and instruction to liquidate assets noted, which your company currently holds for me. I understand if the principal and earnings information required in Section 3 is not provided by the releasing institution the entire contribution may be treated as earnings, resulting in a possible taxable event at the time of withdrawal. I understand if a distribution has already taken place and the deposit is not made into the Plan within 60 days the contribution will not be treated as a qualified rollover but as a regular contribution with a possible tax consequence and tax penalty.

\_\_\_\_\_  
Signature Date   
Month/Day/Year

\_\_\_\_\_  
Signature Date   
Month/Day/Year

Please note: The releasing institution holding your current investment may require this signature to be guaranteed. Please call that institution for its requirements.

5. | OFI Private Investments Inc. Services Acceptance

(This section to be completed by OFI Private Investments Inc.)

This is to advise you that OFI Private Investments Inc. will accept the account identified above for:

\_\_\_\_\_  
Depositor's Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Authorized Signature Date   
Month/Day/Year

**Signature Guarantee:**  
  
(Please Place Signature Guarantee stamp here)

Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. Additionally, we will not be able to accept a stamp indicating "endorsement guarantee."



Please make checks payable to: The State Farm College Savings Plan

We reserve the right to reject any application or payment such as temporary, credit card or third-party checks.

Please mail your check with this Rollover Form to:

Mailing Address:  
The State Farm College Savings Plan  
PO Box 173865  
Denver, CO 80217-3865

Overnight Mailing Address:  
The State Farm College Savings Plan  
12100 East Iliff Avenue, Suite 300  
Aurora, CO 80014



State Farm VP Management Corp. is a separate entity from those State Farm entities which provide banking products and insurance products. Accounts in the plan are not guaranteed or insured by State Farm, OFI Private Investments Inc., the State of Nebraska, Union Bank and Trust Company any of their respective affiliates, directors, officers, or agents, or any other entity. Investments in the plan may lose value.



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Program Trustee