



Oklahoma College Savings Plan
Rollover Form for New or Existing Accounts
 Use this form to rollover funds into the Plan
Questions? Call toll-free 1-877-654-7284
 P.O. Box 8193, Boston, MA 02266-8193
 Visit www.ok4saving.org

Instructions

- Read the Plan *Disclosure Booklet* for complete rollover information before completing this form.
- Complete a separate form for each rollover account and submit a new *Account Application* along with this form, unless you already have a *Oklahoma College Savings Plan* (OCSP) Account for this Beneficiary.
- The Plan must receive a statement, including breakdown of the earnings and contributions, from your original account. If a statement is not received, then the entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

1 Type of Rollover (Check only one box.)

- Direct Rollover from another Qualified Tuition Program (QTP)**
 We will request a transfer of funds on your behalf directly from your current QTP into your *Oklahoma College Savings Plan* (OCSP) Account but you should verify whether your current QTP has any additional requirements before you submit this form to OCSP.
- Indirect Rollover from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account**
 Your check must be payable to the *Oklahoma College Savings Plan* and must be received by OCSP within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

2 OCSP Plan Account Information (This is your new or existing OCSP Account.)

You can rollover assets, either directly or indirectly, into an OCSP Account for the same Beneficiary or into an OCSP Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*. However, funds that were previously on deposit in a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can only be deposited into an UGMA/UTMA account for the same Beneficiary within OCSP.

Who is the OCSP Beneficiary?	<input checked="" type="checkbox"/> Same Beneficiary	<input type="checkbox"/> New Beneficiary , excluding Custodial (UGMA/UTMA)
Type of Account: (Check only one.)	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Custodial (UGMA/UTMA) <input type="checkbox"/> Entity

2 2 4 1 - 0 1 2 3 4 5 6 7	2 3 4 - 5 6 - 7 8 9 0
Fund and Plan Account Number (Leave blank for a new OCSP Account.)	Beneficiary 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)

3 Contribution Instructions (Your funds may be deposited to any one or more of the following Investment Options.)

Please indicate if your contribution will be deposited into a new Investment Option or into one you already own.

Investment Options (\$25 minimum per Option)	Select your Investment Options	
	Provide amount (\$ or %)	New option?
Managed Allocation Option	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Equity Option (2241)	\$ 50.00%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
100% Equity Option (1953)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2240)	\$ 25.00%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
Fixed Income Option (2242)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1954)	\$ 25.00%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
TOTAL ROLLOVER CONTRIBUTION AMOUNT	\$ 100.00%	

4 Instructions to your current QTP 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.)	Beneficiary 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)

