

- Read the Program *Disclosure Booklet* for information about making a rollover before completing this form. Complete a separate form for each rollover account and submit a new *Account Application* along with this form, if one is needed for this Beneficiary.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from your original account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Medallion Signature Guarantee stamp may be required by your current plan manager. See the *Important Information* in Section 5 for more information.¹

1 Type of Rollover (Check only one box.)

- Direct Rollover from another Qualified Tuition Program (QTP)**
The *Connecticut Higher Education Trust* (CHET) will request a transfer of funds on your behalf directly from your current QTP. To avoid delays, please verify whether your current program has any additional requirements before you submit this form to CHET.
- Indirect Rollover from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account**
Make your check must be payable to the *Connecticut Higher Education Trust* and must be received by CHET within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

2 CHET Program Account Information (This is your new or existing CHET Account.)

You can rollover assets, either directly or indirectly, into a CHET Account for the same Beneficiary or into a CHET 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 CHET.

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

Fund and Program Account Number (Leave blank for a new CHET Account.)	Social Security or Taxpayer Identification Number
---	---

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

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 whether your contribution will be deposited into a new Investment Option or into one you already own. If you allocate your rollover amount to the Principal Plus Interest Option, transfers made at a later date (including a change of Beneficiary) from the Principal Plus Interest Option to the Money Market Option will not be permitted. Refer to the Disclosure Booklet for more information.

Investment Options (Fund Code)	Select your Investment Options (min. \$25 per option)		
	Provide amount (\$ or %)		New option?
Moderate Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Aggressive Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Conservative Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Equity Option (2282)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
High Equity Option (1955)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (2251) ²	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Social Choice Equity Option (2260)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Fixed Income Option (2253) ³	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Index Fixed Income Option (2281)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1956)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2261)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
TOTAL ROLLOVER CONTRIBUTION AMOUNT	\$	100.00%	

¹ A Medallion Signature Guarantee is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

² Formerly the 100% Equity Index Option through November 22, 2010.

³ Formerly the 100% Fixed Income Option through November 22, 2010.

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

Provide your current Qualified Tuition Program (QTP) account information in this section, including the amount to be withdrawn from that account. Use a separate *Rollover Form for New or Existing Accounts* for each QTP you maintain for this Beneficiary.

	-
--	---

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

Social Security or Taxpayer Identification Number

--

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

--

Beneficiary Name *(First, MI, Last, Suffix)*

To my current QTP: <i>(Check only one box.)</i>	
Withdraw funds from my account as requested here, issue a rollover check to the <i>Connecticut Higher Education Trust</i> and mail to the address below.	
<input type="checkbox"/> Rollover the ENTIRE balance in my account. (Est. Amt.: \$ _____.) 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 mailing address for your current QTP.

--

Current QTP Name

--

Mailing Address Line 1

--

Mailing Address Line 2

--

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 Internal Revenue Code Section 529 and as described in the *Disclosure Booklet*.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another QTP or a Coverdell Education Savings Account. I understand that the *Connecticut Higher Education Trust* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a medallion signature guarantee stamp appears below.¹)

Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner	Date

IMPORTANT INFORMATION

Your current qualified tuition program may require a Medallion Signature Guarantee stamp on this form, or it may have additional requirements before releasing your funds to CHET. To avoid delays, call your current qualified tuition program for instructions before mailing this form to the Program. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee Stamp will be provided.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499

Program Management by TIAA-CREF Tuition Financing, Inc.

TCT1011.ROF/A12298