

Rollover Form

For Investors Utilizing
A Financial Advisor
(For Classes A and C)

(Intended for Oklahoma Residents)

Oklahoma Dream 529sm

This form should be used to rollover assets to the **Oklahoma Dream 529 Plan** from either:

- another Section 529 College Savings Plan account
- a Coverdell Education Savings Account (formerly an Education IRA)
- redeemed qualified U.S. Savings Bonds (see Plan Disclosure Statement for details)

Note: Under the Internal Revenue Code, a **Section 529 College Savings Plan account may not be rolled over to another account with the same designated beneficiary more than once every 12 months.**

This form should be accompanied by an Oklahoma Dream 529 Plan Account Application, if you do not already have an existing Oklahoma Dream 529 Plan account for the beneficiary you are designating below. If you do already have an Oklahoma Dream 529 Plan account, your rollover contribution will be invested in accordance with your most recent instructions. Both the Account Application and this form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully before you invest. The application requires the applicant to certify that he/she has read the Plan Disclosure Statement and Participation Agreement.

If you have questions, contact an Oklahoma Dream 529 Plan Investor Services Representative toll-free, Monday–Friday, 7:00am–7:00pm Central Time, at **1-877-529-9299**.

Send completed form to:	<i>via regular mail:</i>	<i>via overnight mail:</i>
	Oklahoma Dream 529 Plan	Oklahoma Dream 529 Plan
	PO Box 55173	c/o Boston Financial
	Boston, MA 02205-5173	Data Services, Inc.
		30 Dan Road
		Canton, MA 02021-2809
		1-877-529-9299

1. Designated Beneficiary

- I am designating the same Beneficiary that is associated with my existing account.
- I am designating a Beneficiary that differs from the Beneficiary associated with my existing account.

First Name	Middle Initial	Last Name	Social Security Number
Relationship to Previous Beneficiary		Date of Birth (MM/DD/YY)	
Street Address		Apt. Number	
City	State	Zip Code	
State of residency, if different than above			

Your Designated Beneficiary must be a U.S. Citizen or Resident Alien for you to open an account.

Citizenship of Designated Beneficiary: U.S. Citizen Resident Alien

Complete this section so that we can contact the Plan Administrator of your existing 529 College Savings Plan or Coverdell Education Savings Account.

Note: A completed Oklahoma Dream 529 Plan Account Application must accompany this form, if an Oklahoma Dream 529 Plan account does not already exist for the beneficiary.

2. Direct Rollover Type

I am completing a rollover from an existing 529 College Savings Plan (also known as a qualified tuition plan) or a Coverdell Education Savings Account (formerly an Education IRA). I have not withdrawn the assets, and authorize Allianz Global Investors Distributors LLC to contact the program manager for my existing account to initiate the transfer process, and make a contribution according to the accompanying Account Application.

Account Owner/Custodian/Entity

Please indicate the account registration information for your existing account. Note: If this is a rollover from a Oklahoma Direct Plan account this will be considered your one-time allowable reallocation for the year.

Owner's First Name (or Trustee) Middle Initial Last Name Social Security Number

Telephone Number

Beneficiary's First Name Middle Initial Last Name Social Security Number

Name of Trust or Corporation Taxpayer Identification Number

Full Liquidation. Please liquidate my entire existing account (below).

Partial Liquidation. Please liquidate the amount indicated in Section 4 from my existing account.

Portfolio/Fund Name Account Number

Name of Plan Administrator Telephone Number

Street Address

City State Zip Code

3. Indirect Rollover Type

I am completing a rollover from an existing Section 529 College Savings Plan, a Coverdell Education Savings Account or redeemed qualified U.S. Savings Bonds. I have already withdrawn the assets within the past 60 days, and would like to make a contribution according to the accompanying Account Application.

4. Earnings Information

IMPORTANT: You must also complete the following information and attach the appropriate documentation (Principal & Earnings Statement) regarding your rollover contribution, or the Plan Administrator will be required to record your contribution as 100% earnings, which may have adverse tax consequences to you.

Total Amount of Rollover Contribution

Documentation. Please attach the appropriate documentation regarding earnings, if your rollover is from:

- another 529 plan account: a statement—issued by the 529 plan—that shows the earnings portion
- a Coverdell account: a statement—from the Trustee—that shows basis and earnings
- redeemed U.S. Savings Bond(s): Form 1099-INT—issued by the institution that redeemed the bond(s)—that shows the interest amount.

5. Signature and Agreement of Account Owner

By signing below, I hereby certify that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement attached hereto, and the current Plan Disclosure Statement. Furthermore, I understand that the Internal Revenue Code allows only one rollover, per beneficiary during a 12-month period, without changing the beneficiary. Otherwise, a change in beneficiary is required, if a transaction is to be considered a rollover. **I/We understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I/we do not contact Allianz Global Investors Distributors LLC.** A rollover consists of a distribution from an account of a designated beneficiary that is transferred or deposited within 60 days of the distribution into an account for either the same beneficiary (subject to the 12-month limitation) or for another individual who is a member of the family of the previous designated beneficiary.

Signature of account owner, custodian, trustee, partner or officer Date

Signature of Joint Account Owner (if applicable) Date

Complete this section if you are funding an Account with cash proceeds (check) from the sale of assets held in another 529 College Savings Plan account, a Coverdell Education Savings account or redeemed U.S. Savings Bonds.

NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.