

## Rollover Form

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

(Intended for Oklahoma Residents).

# OklahomaDream529<sup>sm</sup>

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 a 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 a 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, call your CollegeAccess 529 Plan Investor Services Representative toll-free, Monday–Friday, 8:00am–8:00pm Eastern Time, at **1-877-529-9299**.

Send completed form to:

<b>Regular Mail:</b>	Overnight Courier:
<b>Oklahoma Dream 529 Plan</b>	Oklahoma Dream 529 Plan
<b>PO Box 55173</b>	c/o Boston Financial
<b>Boston, MA 02205-5173</b>	Data Services, Inc.
	30 Dan Road
	Canton, MA 02021-2809
	877-529-9299

### I. 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			

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

Your Designated Beneficiary must be a U.S. Citizen or Resident Alien with a valid social security or tax identification number for you to open an account.

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

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

Complete this section so that we can contact the Program Manager 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 a Oklahoma Dream 529 Plan account does not already exist for the beneficiary.

**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.**

## 2. 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.

## 3. 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.

### Individual/Primary Account Owner

Please indicate the account registration information for your existing account.

Account Owner's First Name	Middle Initial	Last Name	Social Security Number
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Beneficiary's First Name	Middle Initial	Last Name	Social Security Number
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- Full Liquidation.** Please liquidate my entire existing account (below).  
 **Partial Liquidation.** Please liquidate the amount indicated above from my existing account (below).

Portfolio/Fund Name	Account Number
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Name of Program Manager	Telephone Number
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Street Address
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City	State	Zip Code
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## 4. Earnings Information

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

Principal Amount	Earnings Amount	Total Amount of Rollover Contribution
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**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 (twice for 2009), without changing the beneficiary. Otherwise, a change in beneficiary is required, if a transaction is to be considered a rollover. 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.

Individual Signature	Date
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