Change of Trustee/Rollover Form



1 | INSTRUCTIONS

Print clearly in all CAPITAL LETTERS using blue or black ink.

When requested, please color in circles completely.
For example: ● not ⊗ not ♂

Please use this form for the following:

- Rollover assets from another Section 529 Plan, Coverdell Education Savings Account, or Qualified Savings Bond
- Transfer assets from another Texas 529 Plan

Please note:

Registrations must match from the current 529/ESA firm's account to this LoneStar 529 Plan account. For example, trust to trust, or UTMA to UTMA. The primary owner of the current 529 account must be the primary owner on this account.

If you have any questions, please call us at 800-445-GRAD (4723), option #4, Monday through Friday from 8am to 6pm Central Time.

Please mail the completed form with any required documents to the following address:

LoneStar 529 Plan P.O. Box 405010 Cincinnati, OH 45240

or Fax to: 402-431-4452

2 | LONESTAR 529 PLAN ACCOUNT INFORMATION

If you have not established an account, please see your financial advisor or visit us at www.lonestar529.com to obtain the enrollment application that must be completed by you and your financial advisor.

Special note should be taken when selecting a new Beneficiary, as multiple rollovers for a beneficiary within a 12-month period or the designation of a beneficiary who is not a Qualified Family Member may result in federal income tax as well as an additional federal tax of 10%. See the Plan Description and Savings Trust Agreement for potential tax consequences and other considerations, and consult your tax advisor.

LoneStar 529 Account number	Account Owner's Social Security or Taxpayer ID number				
Account Owner's first name	Middle initial	Last name			
Street address (no P.O. Boxes)					
City		State		Zip	
Phone number	Account Owner's	email address			
Beneficiary's first name	Middle initial	Last name			
Beneficiary's Social Security number		Beneficiary's date of	f birth		

Is the Beneficiary named above different than the Beneficiary on the account listed in Section 3?

O Yes

O No

A. Indicate the source of your Rollover/Transfer Plan will be processed at Net Asset Value (NAV):	(check one). Rollovers from any Section 529 College Savings
O Section 529 College Savings Plan outside of	Texas
O Texas sponsored 529 Plan (allowed twice-pe	er-calendar-year)
O Coverdell Education Savings Account	
O Qualified Savings Bonds	
	or a Direct Rollover request only permissible for assets held in the Texas College ® or another Section 529 College Savings Plan account.)
O Indirect Rollover: I am enclosing a check re	epresenting the rollover proceeds.
	cting LoneStar 529 Plan to act on my behalf to obtain funds ion 529 College Savings Plan Account or Education Savings
For a Direct Rollover , please fill in the informaccount statement. Your current Plan Manager	mation requested below, and include a copy of your current ger may require additional information.
Name of Current Plan Manager	Account number
Street Address or P.O. Box number	
City	State Zip
Plan phone number	State Sponsor (if applicable)
O Full Account	
O Partial Account (select one of the followi	ng)
O Dollar amount \$	or
O Percentage	%
Transfer is attributable to contributions (cost	t provider that indicates which portion of the Rollover or basis), and which is attributable to earnings. Otherwise, be treated as earnings, which may be taxable upon our current plan manager.
\$	Total Amount of Rollover/Transfer
\$	Base Contribution or Cost Basis of Rollover/Transfer
\$	Earnings Portion of Rollover/Transfer

A. Please indicate below whether you would like to allocate these funds differently from the way you did in the Elected Investment Allocation on your Enrollment Application for LoneStar 529 Plan. Please note this will only affect your rollover dollars.

Target Enrollment Year Options: The asset allocation between equities, bonds, and cash automatically adjusts each year as the enrollment year approaches. Please select a portfolio that closely approximates the year when funds will start to be drawn. Typically, families assume their child will need their education savings at age 18. Once you've estimated when you expect your child will need to use their savings, select the target date portfolio that represents the date closest to your estimated date of enrollment. For example, if your child was born in 2023 and you anticipate they will begin college at 18 years of age, they may need their college savings in the year 2041 (2023 plus 18). This means you would select the 2040-2041 Target Enrollment Year Portfolio. If there is no corresponding portfolio, select the one closest to the enrollment year of the child.

Risk-based Options: The assets will remain in your selected portfolio(s) until you update your Investment Election.

Individual Asset Class Options: The assets will remain in your selected portfolio(s) until you update your Investment Election.

- B. The LoneStar 529 Plan will assume that you have already used the two allowed investment changes, unless the following is **completed.** Please indicate below how many investment changes you have had in the current calendar year.
 - 0 0
 - 0 1
 - 0 2

Investment Options Allocation

I. Target Enrollment Year Options	
2042-2043 Portfolio	%
2040-2041 Portfolio	%
2038-2039 Portfolio	%
2036-2037 Portfolio	%
2034-2035 Portfolio	%
2032-2033 Portfolio	%
2030-2031 Portfolio	%
2028-2029 Portfolio	%
2026-2027 Portfolio	%
Enrolled Years Portfolio	%

II. Risk-based Options	
Aggressive Allocation Portfolio	%
Balanced Allocation Portfolio	%
Conservative Allocation Portfolio	%

III. Individual Asset Class Options	
Diversified Equity Portfolio	%
Diversified Fixed Income Portfolio	%
U.S. Value Portfolio	%
U.S. Growth Portfolio	%
U.S. Total Stock Market Portfolio	%
Small-Cap Portfolio	%
Active International Portfolio	%
Passive International Portfolio	%
Emerging Markets Portfolio	%
Long-Term Fixed Income Portfolio	%
Active Bond Portfolio	%
Passive Bond Portfolio	%
High Yield Fixed Income Portfolio	%
International Fixed Income Portfolio	%
Inflation Protection Portfolio	%
Short-Term Fixed Income Portfolio	%
Socially Responsible Portfolio	%
Commodity Portfolio	%
Real Estate Portfolio	%
Capital Preservation Portfolio	%
Total of all Investment Options must equal 100%	100%

Before you mail, have you

I authorize the Plan, to act on my behalf in contacting the current 529 plan manager to facilitate the transfer of assets. I hereby certify that (1) the information provided herein is accurate, (2) the Beneficiary on the LoneStar 529 Plan account is a "member of the family" of the Beneficiary in the current Plan (as defined in the Plan Description and Savings Trust Agreement) or this Rollover does not change the Beneficiary, and is the only Rollover for the Beneficiary within the past 12 months, and if applicable, (3) my contribution of Rollover proceeds from another account is within 60 days of the date of the refund. I understand that if I fail to provide the required information mentioned in Section 3C, the entire amount of the Rollover contribution will be treated as earnings that may be taxable upon withdrawal.

Signature of Account Owner, Custodian, 11	ustee, Partner or Officer		Date
x			
Signature of Co-Trustee, Co-Partner or Co-Officer		Date	
a: , a , /a !!			
Signature Guarantee (Call your co	· · · · · ·		-
A Signature Guarantee may be obt		-	= = = = = = = = = = = = = = = = = = =
and Exchange Commission. These		-	
brokerage firms. The words "SIGN			,
being guaranteed. The guarantee	must appear with the p	orinted name, title	and signature of an office
the name of the guarantor institut	ion. A NOTARY PUBLIC	STAMP OR SEAL	IS NOT ACCEPTABLE.
Affix medallion stamp here			
Guarantor's name (if required)	Middle initial	Last name	
Guarantor's name (if required)	Middle initial	Last name	
Guarantor's name (if required)	Middle initial	Last name	
Guarantor's name (if required) Title	Middle initial Guarantor's sign		Date
			Date
			Date
			Date
Title	Guarantor's sigr	nature	
	Guarantor's sigr	nature	
Title O Completed a LoneStar 529 Pla	Guarantor's sigr	nature on, if you are oper	
Title O Completed a LoneStar 529 Pla O Included documents from you	Guarantor's sigr n Enrollment Applicati r current Plan Managel	on, if you are oper	ning a new account
Title O Completed a LoneStar 529 Pla	Guarantor's sigr n Enrollment Applicati r current Plan Managel	on, if you are oper	ning a new account

The Plan Manager of the LoneStar 529 Plan will complete this acceptance agreement.

As Plan Manager of the LoneStar 529 Plan, we will accept the transfer referenced in Section 3. If there a	ıre
any questions or if the transfer cannot be processed, please contact our office at 1-800-445-4723, Option	on 4.

x	
Signature of Authorized Representative of the LoneStar 529 Plan	Date
Please make the check payable to:	
LoneStar 529 Plan	
FBO (For Benefit Of)	
Account #	

Please mail the check to:

LoneStar 529 Plan P.O. Box 405010 Cincinnati, OH 45240

Please make a copy of this form for your own records.

The LoneStar 529 Plan® ("Plan") is administered by the Texas Prepaid Higher Education Tuition Board ("Board"). Orion Advisor Solutions, Inc. ("Orion") is the manager of the Plan, which is distributed by Northern Lights Distributors, LLC and maintained by Ultimus Fund Solutions, LLC, neither of which are affiliated with Orion. The Plan and the Board do not provide legal, financial, or tax advice and you should consult a legal, financial, or tax advisor before participating.

Non-residents of Texas should consider whether their home state, or the beneficiary's home state, offers its residents any tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for participants in that state's plan.

Estimated total asset-based fees are available on the Allocation Worksheet at <u>LoneStar529.com/Allocation-Worksheet</u> and are published in the Plan Description and Savings Trust Agreement, which is reviewed annually. Fees are subject to change.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting LoneStar529.com or calling 800-445-GRAD (4723), option 4. Investors should read the Plan Description and Savings Trust Agreement, and all other Plan documents carefully before investing.

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