# LONESTAR 529 PLAN® 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 Ø

### 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

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

LONESTAR

------- 529 PI AN <sup>™</sup>-------

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

LoneStar 529 Plan P.O. Box 540010 Omaha, NE 68154

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 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** (check one). Rollovers from any Section 529 College Savings Plan will be processed at Net Asset Value (NAV):

- O Section 529 College Savings plan outside of Texas
- O Texas sponsored 529 plan (allowed twice-per-calendar-year)
- O Coverdell Education Savings Account
- O Qualified Savings Bonds

## B. Indicate whether this is an Indirect Rollover or a Direct Rollover request

(Check only one. Note that a Direct Rollover is only permissible for assets held in the Texas College Savings Plan<sup>®</sup>, the Texas Tuition Promise Fund<sup>®</sup> or another Section 529 College Savings plan account.)

- O Indirect Rollover: I am enclosing a check representing the rollover proceeds.
- O **Direct Rollover:** I am requesting and instructing LoneStar 529 Plan to act on my behalf to obtain funds directly from the trustee of my current Section 529 College Savings Plan Account or Education Savings Account (ESA).

**For a Direct Rollover**, please fill in the information requested below, and include a copy of your current account statement. Your current Plan Manager may require additional information.

Name of Current Plan Manager	Account nur	nber		
Street Address or P.O. Box number				
City		State	Zip	
Plan phone number	State Spons	or (if applicable)		
O Full Account				
O Partial Account (select one of the following)				
O Dollar amount \$	or			
O Percentage	%			

C. Attach a statement from your current account provider that indicates which portion of the Rollover or Transfer is attributable to contributions (cost basis), and which is attributable to earnings. Otherwise, your entire Rollover or Transfer is required to be treated as earnings, which may be taxable upon withdrawal. For further details, please call your current plan manager.

\$ Total Amount of Rollover/Transfer
\$ Base Contribution or Cost Basis of Rollover/Transfer
\$ Earnings Portion of Rollover/Transfer

D. 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.

Investment Options	Allocation
I. Target Enrollment Year Options	
2040-2041 Portfolio	%
2038-2039 Portfolio	%
2036-2037 Portfolio	%
2034-2035 Portfolio	%
2032-2033 Portfolio	%
2030-2031 Portfolio	%
2028-2029 Portfolio	%
2026-2027 Portfolio	%
2024-2025 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%

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.

X	
Signature of Account Owner, Custodian, Trustee, Partner or Officer	Date
x	
Signature of Co-Trustee, Co-Partner or Co-Officer	Date

**Signature Guarantee (Call your current plan manager to determine if a signature guarantee is required.)** A Signature Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near the signature(s) being guaranteed. The guarantee must appear with the printed name, title and signature of an officer, and the name of the guarantor institution. A NOTARY PUBLIC STAMP OR SEAL IS NOT ACCEPTABLE.

	Affix medallion stamp here				
	Guarantor's name (if required)				
	Title	Guarantor's signature	Date		
Before you mail, have you	O Completed a LoneStar 529 Plan Enrollment Application, if you are opening a new account O Included documents from your current Plan Manager, if required O Written a check payable to "LoneStar 529 Plan" for an Indirect Rollover				

O Signed, and obtained a Signature Guarantee, if needed, for Section 4

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 rollover/transfer requested.

х

Signature of Authorized Representative of the LoneStar 529 Plan

Date

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

The LoneStar 529 Plan<sup>®</sup> ("Plan") is administered by the Texas Prepaid Higher Education Tuition Board ("Board"). Orion Advisor Solutions, Inc. is the plan manager. The Plan and the Board do not provide legal, financial, or tax advice and participants in the Plan should consult a legal, financial, or tax advisor before investing. Fees and charges for the most recent quarter are available on our website at: <u>www.lonestar529.com/expenses</u>.

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.

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 <u>www.lonestar529.com</u> or calling 800-445-GRAD (4723), option #4. Investors should read all Plan documents carefully before investing.

© 2023 Texas Prepaid Higher Education Tuition Board. "LoneStar 529 Plan<sup>®</sup>" is a registered service mark of the Texas Prepaid Higher Education Tuition Board and distributed by Northern Lights Distributors, LLC, Member FINRA, SIPC. 4221 N 203rd St, Suite 100, Elkhorn NE 68022. All rights reserved. LS-005

