



- Funding from an existing USAA Investment Management Company Non-Retirement Account (Complete Sections 1, 2, and 4)
- Another 529 Program (Complete Sections 1, 3, and 4)

Each term, including Member of the Family, used in this form has the same meaning the term has in the Plan Description and Participation Agreement to which you should refer for more information when completing this form. Please print clearly.

IMPORTANT INFORMATION. Federal law requires us to obtain, verify, and record your name, address, date of birth, and other information that will allow us to identify you when you open an account and in certain other circumstances.

Mailing Address: USAA College Savings Plan • PO Box 55354 • Boston MA, 02205-5354

Account Number (if available) USAA Number (if any) of Account Owner

Account Owner First Name or Name of Trust MI Last Name

Social Security/Tax ID Number

Date of Birth (mm/dd/yy)

Physical Address **(P.O. Box or private mailbox can not be accepted.)**

Designated Beneficiary First Name MI Last Name

Social Security _____ **USAA Number (if any) of Designated Beneficiary** _____



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2. Funding from an existing USAA Investment Management Company Account (if applicable)

Signatures are required from all applicable account owners. The USAA College Savings Plan account will be funded in approximately 1-2 business days after a redemption from a USAA Mutual Fund account is requested. **Please refer to the Plan Description for complete details regarding the limitations governing UGTMA/UTMA Accounts.** The account from which you are moving assets must have the same account owner and Social Security number as your account in the USAA College Savings Plan.

Funding from an existing USAA Investment Management Company:

☐ Coverdell Education Savings Account

☐ Non-Retirement Account

☐ UGMA/UTMA Account

USAA Mutual Fund Account Number

Amount:

\$, .

or ☐ Check here for entire Account

USAA Mutual Fund Account Number

Amount:

\$, .

or ☐ Check here for entire Account

USAA Mutual Fund Account Number

Amount:

\$, .

or ☐ Check here for entire Account

X

Signature of Account Owner/Trustee/Custodian/Responsible Party

X

Signature of Account Owner/Co-Trustee

3. Transfer/Rollover from another 529 Program (if applicable)

(Complete this section only if you are funding this account with assets from another Qualified Tuition Program. Attach the appropriate documentation described below)

Special Note: If you are transferring or rolling over assets from another Qualified Tuition Program, to be valid, the Transfer or Rollover must be made within 60 days of the withdrawal from that other program. In addition, the Designated Beneficiary of the Account to which the Transfer or Rollover is made must be either (a) the same Designated Beneficiary or (b) a Member of the Family of the Designated Beneficiary of the Account in the other program. However, a Transfer or Rollover can be made without changing the Designated Beneficiary provided no transfer or rollover from any Qualified Tuition Program has occurred for that Designated Beneficiary within 12 months of the date of the Transfer or Rollover contribution being made with this form. If the Transfer or Rollover is to an existing Account and you need to designate a new Designated Beneficiary to make the Transfer or Rollover valid, you should submit a completed Change of Designated Beneficiary Form together with this form. If, in the case of a Transfer/Rollover to an Account for a different Designated Beneficiary, the Designated Beneficiary is not a Member of the Family of the original Designated Beneficiary or, if the Transfer/Rollover is for the benefit of the same Designated Beneficiary and there has been another Transfer/Rollover between Qualified Tuition Programs with respect to such Designated Beneficiary within the past 12 months, the transaction will be considered a non-qualified withdrawal from the other Program that is subject to federal and applicable state income tax and a 10% federal penalty on earnings.

Breakdown of Contributions and Earnings and Appropriate Documentation

Please provide a statement issued by the program from which the Transfer or Rollover is being made that shows the earnings portion of the distribution. If this documentation is not provided, the entire amount of the Transfer/Rollover contribution will be treated as earnings and may be taxable upon withdrawal. Please include your rollover check made payable to "USAA College Savings Plan."

First Name of Current Designated Beneficiary

MI Last Name

Current Designated Beneficiary Social Security Number

Current 529 Plan Name

Account Number

Plan Phone

Plan Street Address

City

State

Zip Code

Please sell Amount \$ _____ from Account(s) _____ or ☐ Check here for entire Account

Please Note: You must submit a confirmation statement or letter from the previous plan administrator indicating the total withdrawal amount, the portion of the withdrawal attributable to contributions and earnings, and the date of the withdrawal. Failure to provide this required information may cause the entire amount of the rollover contribution to be treated as earnings that could be taxable upon withdrawal.

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