

## USAA College Savings Plan<sup>™</sup> Incoming Transfer/Rollover Form

Complete this form if you are funding an Account from any of the following:

- 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)

If you wish to fund your USAA College Savings Plan Account with assets held in a UGMA/UTMA, Coverdell Education Savings Account or a Qualified U.S. Savings Bond held with another financial institution, you must first liquidate your account or U.S. Savings Bond then transfer the proceeds. 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.

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.

If you would like a Change of Designated Beneficiary Form or if you have questions while contemplating this form, call USAA Investment Management Company toll free at (800) 292-8825, Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Time and Saturday from 8:30 a.m. to 5:00 p.m. Central Time.

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.

Your completed form and check should be sent to the following address:

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

1. Current OSAA Flan Account in	normation (10)	the Account to	which the Irans	iei/hollover is	being made)		
If you have not previously established an account	for the Beneficiary	, you must complete	an Account Applic	ation and return	it with this form.		
Account Number (if available)	USAA	USAA Number (if any) of Account Owner					
If not an Individual account (i.e., a Trus	st or UGMA/UT	MA) insert the r	name of the Tru	st or Custodia	an as applicable	).	
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 b	e accepted.)						
City				State	Zip Code		
Designated Beneficiary Information							
(The Designated Beneficiary is the person whose	Higher Education	Expenses are payabl	e from the Account	)			
Designated Beneficiary First Name	MI	Last Name					
Social Security	ΙΔΑΖΙΙ	Jumber (if any) of Design	ated Reneficiary				



## 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 Investmen	t Management Co	mpany:						
☐ Coverdell Education Savings Account	□ Non-Retirem	ent Account	□ UG	☐ UGMA/UTMA Account				
USAA Mutual Fund Account Number	USAA Mutual Fund Ac	count Number	USAA Mu	tual Fund Account	Number			
Amount:	Amount:		Amoun	t:				
\$	\$	,	\$					
or $\square$ Check here for entire Account	e for entire Account	or $\square$ C	heck here for	entire Accou	nt			
X Signature of Account Owner/Trustee/Custodian/Responsible	a Party	X Signature of Acc	ount Owner/Co-Truste					
		-	ount owner, oo muste	C .				
3. Transfer/Rollover from another			lm w					
(Complete this section only if you are funding the described below)	nis account with asse	ts from another Qualifi	led Tuition Progra	ım. Attach the	appropriate do	cumentation		
Tuition Program has occurred for that Designat this form. If the Transfer or Rollover is to an exis valid, you should submit a completed Change of for a different Designated Beneficiary, the Des Transfer/Rollover is for the benefit of the sam Programs with respect to such Designated Beneficiary other Program that is subject to federal and app Breakdown of Contributions and Earni Please provide a statement issued by the prodistribution. If this documentation is not primay be taxable upon withdrawal. Please inc	ting Account and yo Designated Beneficiary e Designated Beneficiary e Designated Beneficiary within the past licable state income and Appropriagram from which to ovided, the entire a	u need to designate a n iary Form together with is not a Member of the ficiary and there has be t 12 months, the transact tax and a 10% federal priate Documentation the Transfer or Rollow mount of the Transfer	ew Designated Both this form. If, in the Family of the been another Traction will be consipenalty on earning on the being made er/Rollover contributes and the series of t	eneficiary to me case of a Trar original Designsfer/Rollover idered a non-quest.	ake the Transfo nsfer/Rollover t nated Benefici between Qual nalified withdra ne earnings po ne treated as e	er or Rollover to an Account diary or, if the lifted Tuition diawal from the cortion of the		
First Name of Current Designated Beneficiary	MI	Last Name						
		20 81 44						
Current Designated Beneficiary Social Security Numl	per Current 52	29 Plan Name						
Account Number	Plan Phone							
Plan Street Address								
Train direct Addices								
City				State	Zip Code			

ly to the USAA College Savings Pla	in account provided in section 1	. Please transfer all assets in	n from my 529 Plan account named above direct- mmediately if no selection is checked below.
Please sell Amount \$	,	from Account(s)	or □ Check here for entire Account
			College Savings Plan account indicated above
	e to contributions and earnings,	and the date of the withdraw	nistrator indicating the total withdrawal amount, the al. Failure to provide this required information may upon withdrawal.
4. Signature			
true, complete and correct, that I am as such as described in the USAA Coconsequences of a failure to qualify a	submitting this form to make the college Savings Plan Description, as a valid Transfer or Rollover.	e Transfer or Rollover indicate	e information provided on this form is in all respects ed above and that such Transfer or Rollover qualifies ne consequences of the Transfer or Rollover and the
X Signature of Account Owner/Trustee/Custodia	n	 Date	
Co-Trustee/Authorized Agent  Please contact your current plan administrator to determine if a signature guarantee	Guarantee* (if required)	Date	
savings associations, credit unions, and appear with the printed name, title, and	d brokerage firms. The words "SIGNA d signature of an officer and the nam officer of the United States Embassy	ATURE GUARANTEED" must be some of the guarantor institution. A S	nd Exchange Commission. These institutions include banks, tamped or typed near your signature. The guarantee must Signature Guarantee for active duty military personnel sta- e Judge Advocate General, or an individual's commanding
For Program Manager use	this acceptance The Program Manager of requested. To ensure prop the check payable to "US	agreement.  The USAA College Saving per credit, please return a	College Savings Plan will complete gs Plan will accept the 529 Plan rollover copy of this form with the check. Make ", P.O. Box 55354, Boston, MA 02205-5354.
	Authorized Administrator Signature		Date



