

To my current Qualified Tuition Program: <i>(Check only one box.)</i>	
Please withdraw funds from my account as requested here, issue a rollover check to the <i>Vermont Higher Education Investment Plan</i> and mail to the address below.	
<input type="checkbox"/> Rollover the ENTIRE balance in my account. (Est. Amt.: \$ _____.) OR <input type="checkbox"/> Rollover a PARTIAL balance in my account, as indicated below.	
Investment Option(s) Name	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
TOTAL OUTGOING ROLLOVER AMOUNT	\$

Provide the name and mailing address of your current Qualified Tuition Program.

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Current Qualified Tuition Program Name

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Mailing Address Line 1

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Mailing Address Line 2

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City, State, Zip

5 Signature and Authorization *(Account Owner, Custodian or Authorized Representative of Entity must sign here.)*

By signing below, I certify and understand the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I have enclosed a check for an indirect rollover, this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account. I understand that the *Vermont Higher Education Investment Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a medallion signature guarantee or a Signature Validation Program Stamp appears below.¹)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner	Date
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IMPORTANT INFORMATION

Your current Qualified Tuition Program may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current Qualified Tuition Program for instructions before mailing this form to *VHEIP*.

GUARANTOR TO AFFIX STAMP HERE

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**Mail this form to:
Regular Mail**

Vermont Higher Education Investment Plan
P.O. Box 8101
Boston, MA 02266-8101

VT1003.ROF



¹ Certain banks, trust companies, savings and loan associations and members of the United States stock exchange participate in the Medallion Signature Guarantee Program and the Signature Validation Program. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or Signature Validation Program Stamp will be provided. A notary public **cannot** provide a Medallion Signature Guarantee or Signature Validation Program Stamp. Please contact your bank or broker, if needed.