OFFICE OF THE STATE TREASURER
Nevada Prepaid Tuition Program
Rollover Request Form

Please complete this form if you are rolling over all or part of the balance of an account with another qualified 529 plan to the Nevada Prepaid Tuition Program. If you do not already have a Nevada Prepaid Tuition Program contract, you must also complete an enrollment form.

NEVADA PREPAID TUITION CONTRACT NUMBER:

Please mail completed form and check to:
Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600
Las Vegas, Nevada 89101
Please call (888) 477-2667 with questions

SECTION I – ABOUT THE CONTRIBUTOR

Name of Contributor Last, First, MI

Name of Organization (If Contributor is other than an individual)

Street Address (Include number, street and apartment number or P.O. Box)

City State Zip

Social Security No. or Taxpayer Identification No.

Daytime Telephone Number

SECTION II – ABOUT THE BENEFICIARY

Name of Beneficiary Last, First, MI

Social Security No. or Taxpayer Identification No.

SECTION III – INFORMATION ABOUT THE ROLLOVER

Include your rollover check made payable to the Nevada Prepaid Tuition Program. If you do not provide a breakdown of your contribution by principal and earnings, the entire amount of the contribution may be treated as earnings that may be taxable upon withdrawal.

Name of current qualified 529 plan program

Name of current qualified 529 plan program manager, if applicable

Current account number

Current 529 plan office telephone number

Investment Portion of Rollover Contribution (Principal)	$_____
Earnings Portion of Rollover Contribution (Interest)	$_____
Total Rollover Contributions	$_____

SECTION IV – SIGNATURE

I am submitting this Rollover Request Form to request a rollover of the amount indicated above from an existing account with a qualified 529 plan. I have read the applicable program documents and by signing below I hereby certify that: (1) my rollover contribution will be made within 60 days of its withdrawal from the former qualified 529 plan; (2) the information provided herein is true and correct to the best of my knowledge. I understand that if I do not indicate the principal/earnings breakdown of the rollover contribution the entire amount of the contribution may be treated as earnings that may be taxable upon withdrawal.

_____ _____

Signature Date