

Use this form to rollover all or a part of the balance with another qualified 529 plan to the Nevada Prepaid Tuition Program. If you do not already have a Nevada Prepaid Tuition Contract, you must also complete an enrollment form during the open enrollment period.

Section I - Nevada Prepaid Tuition Contract Information

Contract Number: _____
Purchaser(Account Owner) Name: _____ SSN or Tax ID: _____
Address: _____
City/State/Zip Code: _____
Telephone: (____) _____ Email: _____
Beneficiary (Child) Name: _____ SSN or Tax ID: _____

Section II - Rollover Information – Qualified 529 Plan Account to be Rolled Over

Plan Name: _____
Plan Account Number: _____ Phone Number: _____
Account Owner Name: _____ SSN or Tax ID: _____
Beneficiary(Child) Name: _____ SSN or Tax ID: _____

Note: 1. Only 1 rollover per beneficiary between 529 Plans is allowable in a 12 month period.
2. If the Rollover is from a different Beneficiary than the one listed on my Nevada Prepaid Tuition Contract, they must be a family member of the current beneficiary as described in the Master Agreement.

Relationship of Beneficiary: ☐ Same ☐ Other, please specify _____

☐ Full Liquidation -100% of funds ☐ Partial Liquidation - Specify Amount \$ _____

Note: The rollover amount cannot be more than the remaining balance on your Nevada Prepaid Tuition Contract.

Section III - 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) I understand that if I or the current 529 Plan **does 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; (3) the information provided herein is true and correct to the best of my knowledge.

Purchaser's Signature _____ Date _____

Section IV – Instructions for Current 529 Plan

Make check payable to:
Nevada Prepaid Tuition Program

Mail Completed Form and Check to:
1 State of Nevada Way - 4th Floor
Las Vegas, NV 89119

Questions: 1-888-477-2667
PrepaidTuition@NevadaTreasurer.gov

Principal Portion of Rollover	\$ _____
Earnings Portion of Rollover	\$ _____
Total Rollover Contributions To Nevada Prepaid Tuition	\$ _____

Note: You must provide a breakdown of the principal and earnings for the rollover. If not provided the entire rollover contributions will be treated as earnings and may be subject to taxes upon withdrawal.