



529 COLLEGE SAVINGS PLAN WORKSHEET

NOTE: This form should be completed for every recommended purchase of a 529 College Savings Plan where: (1) the plan is issued by a state where the investor is not a resident; and/or (2) an existing plan is being replaced with a new plan. **Submit this form to the designated supervisor prior to establishing the new plan.**

Date:	
Account Name:	Account Number:
RR Name (printed):	Branch/office:
1. Name/State of proposed plan:	
2. Will this purchase replace an existing plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES:	
a. Name/state of existing plan	
b. Amount invested in current plan	
c. Why is a new plan being recommended?	
3. Is the proposed purchase for a plan from a state where the investor is not a resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES:	
a. Why is an out-of-state plan being recommended?	
b. Is there a comparable in-state plan that may be recommended?	
c. Detail how expenses/tax consequences of an out-of-state plan have been disclosed.	
RR signature:	
Supervisor's review/comments: APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Supervisor name printed:	
Supervisor's signature:	Date:
Records: <ul style="list-style-type: none"> Return original to RR; file a copy of this form with the record of the transaction (or in a file if disapproved). 	