MI 529 Advisor Plan

Account Application for an Entity Account

MI529advisor

- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least $25.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description and Participation Agreement.

To request assistance in completing this form call us at **1.866.529.8818**, Monday through Friday from 8:30 a.m. - 6 p.m. ET.

1.866.529.8818
Monday to Friday 8:30 a.m. - 6 p.m. ET

www.mi529advisor.com

Regular mailing address:
MI 529 Advisor Plan
P.O. Box 55847
Boston, MA 02205-5847

Overnight mailing address:
MI 529 Advisor Plan
95 Wells Avenue, Suite 155
Newton, MA 02459

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

1. Type of Entity *(Check one)*

☐ **Trust Account.** I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)* **Note:** Foreign trusts are not eligible.

☐ **Business Entity.** I am opening this Account as a corporation or association. *(Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Account Owners before completing this form.)*

☐ **Internal Revenue Section IRC §501(c)(3) Organization.** I am opening this Account on behalf of a scholarship program, non-profit organization or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Account Application for an Entity Account.** We may also request additional information from you.)*

☐ **State or Local Government, or Agency or Instrumentality thereof.** I am opening this Account on behalf of a state or local government (or agency or instrumentality thereof) or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Account Application for an Entity Account. We may also request additional information from you.)*

MI ADVISOR ENTITY APPLICATION

Type of Account *(Check one)*

- ☐ **Entity Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Unnamed Beneficiary** *(only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization)*
  Note: For an Unnamed Beneficiary Scholarship Account, please skip **Section 4.**

2. A. Entity Account Owner Information *(You must provide all requested information or the Account cannot be opened.)*

Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners* before completing this form.

Trust/Entity Name ***(Required)***

___ — ___ — ____
Taxpayer Identification Number ***(Required)***

___ — ___ — ____ Primary Telephone Number

___ — ___ — ____ Secondary Telephone Number

Email Address

Principal Place of Business or Local Office Address *(P.O. boxes are **not** acceptable.)* ***(Required)***

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all account mailings.)*

City State Zip Code

B. Authorized Representatives

Name of Trustee 1/Authorized Signer *(First name)* *(M.I.)*

Name of Trustee 1/Authorized Signer *(Last name)*

U.S. Permanent Street Address *(P.O. boxes are **not** acceptable.)* ***(Required)***

City State Zip Code

___ — ___ — ____ Social Security Number or Taxpayer Identification Number ***(Required)***

___ — ___ — ____ Primary Telephone Number

Name of Trustee 2/Authorized Signer *(First name)* *(M.I.)*

Name of Trustee 2/Authorized Signer *(Last name)*

___ — ___ — ____ Social Security Number or Taxpayer Identification Number ***(Required)***

___ — ___ — ____ Primary Telephone Number

3. Legal Entity Beneficial Ownership *(Required for Business Entities and IRC Section 501(c)(3) Organizations)*

Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section MUST be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-US citizens being named as a beneficial owner in **Section 3A** or as a Control Person in **Section 3B**, you must provide a nonexpired government issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth, and Social Security number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g. each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing and/or directing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

A. Beneficial Owner(s)

☐ Check this box if there are no Beneficial Owners of this entity of 25% or greater. Non-profit organizations do not have to complete this sub-section. Please skip to **Section 3B**.

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

Beneficial Owner *(First name)* *(M.I.)*

Beneficial Owner *(Last name)*

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date *(mm-dd-yyyy)*

Beneficial Owner *(First name)* *(M.I.)*

Beneficial Owner *(Last name)*

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date *(mm-dd-yyyy)*

Beneficial Owner *(First name)* *(M.I.)*

Beneficial Owner *(Last name)*

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date *(mm-dd-yyyy)*

Beneficial Owner *(First name)* *(M.I.)*

Beneficial Owner *(Last name)*

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date *(mm-dd-yyyy)*

B. Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under **Section 3A** above may also be listed in **Section 3B**.

Control Person *(First name)* *(M.I.)*

Control Person *(Last name)*

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date *(mm-dd-yyyy)*

4. Beneficiary Information *(The Beneficiary is the person for whom the funds are intended.)*

- This section is not required for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization that selected an unnamed beneficiary, in Section 1.

Legal Name *(First name)* ***(Required)*** *(M.I.)*

Legal Name *(Last name)* ***(Required)***

Social Security or Taxpayer Identification Number ***(Required)*** Birth Date *(mm-dd-yyyy)* ***(Required)***

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

☐ Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

Mailing Address

City State Zip Code

Relationship of Account Owner to Beneficiary *(Optional)*

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

5. Financial Professional *(To be completed by the Financial Professional.)*

Firm Name

Financial Professional Name *(First name)* *(M.I.)*

Financial Professional Name *(Last name)*

Branch Number *(if applicable)* Advisor ID Number BIN *(if applicable)* Matrix Level

Street Address

City State Zip Code

Telephone Number

Email Address

SIGNATURE
Financial Professional Signature Date *(mm-dd-yyyy)*

Authority of Financial Professional

The Financial Professional indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment portfolio changes, make qualified withdrawals, inquire, and have access to the account. He or she will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, Interested Party, firm or Financial Professional. The Financial Professional will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the account.

6. Sales Charge Waiver *(Optional)*

- To qualify for a sales charge reduction, you must complete the following section.
- Check one or check all that apply.

A. ☐ **Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000*

* *Requires purchases of Units for multiple Accounts on behalf of multiple Designated Beneficiaries due to Maximum Contribution Limit.*

B. ☐ **Rights of Accumulation ("ROA").** Check this box if a family member owns units in the MI 529 Advisor Plan to be applied for the reduced sales charge. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Plan Description and Participation Agreement for additional information.

Legal Name of Family Member *(First name)* (m.i.)

Legal Name of Family Member *(Last name)*

Account Number

Legal Name of Family Member *(First name)* (m.i.)

Legal Name of Family Member *(Last name)*

Account Number

C. ☐ **I am eligible for a sales charge waiver** under the terms of the Plan Description and Participation Agreement. I am eligible because I am related to:

Legal Name *(First name)* (m.i.)

Legal Name *(Last name)*

Qualifying Employer's Name

Relationship

☐ Self ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Officer, Director, or Trustee ☐ Parent

☐ Grandparent ☐ Grandchild ☐ Dependent of the Person ☐ Employer Sponsored Plan *(Payroll Direct Deposit)*

☐ Sibling ☐ Stepchild ☐ Father- or Mother-in-law

7. Investment Portfolio Selection *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Portfolios as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

Please select only one Unit Class *(Required).*

☐ Class A ☐ Class C ☐ Class I

Enrollment Year Investment Portfolios:
The asset allocation of money invested in the Enrollment Year Investment Portfolios is automatically adjusted over time to become more conservative as the enrollment year approaches. The assets will remain in your selected Enrollment Portfolio until it merges with the In School Portfolio,* or unless you exchange an Enrollment Portfolio for another Enrollment Portfolio or any other Investment Portfolio.**

2042 / 2043 Enrollment Portfolio	☐☐☐ %
2040 / 2041 Enrollment Portfolio	☐☐☐ %
2038 / 2039 Enrollment Portfolio	☐☐☐ %
2036 / 2037 Enrollment Portfolio	☐☐☐ %
2034 / 2035 Enrollment Portfolio	☐☐☐ %
2032 / 2033 Enrollment Portfolio	☐☐☐ %
2030 / 2031 Enrollment Portfolio	☐☐☐ %
2028 / 2029 Enrollment Portfolio	☐☐☐ %
2026 / 2027 Enrollment Portfolio	☐☐☐ %
In School Portfolio	☐☐☐ %

Target Risk Portfolios:
The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).**

Capital Appreciation Portfolio	☐☐☐ %
Conservative Allocation Portfolio	☐☐☐ %

Multi-Fund Portfolio:
The assets will remain in your selected portfolio unless you exchange your selection(s) for a different Investment Portfolio(s).**

Nuveen Alternative Income Portfolio	☐☐☐ %

Individual Fund Portfolios:
The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).**

Nuveen Large Cap U.S. Equity Index Portfolio	☐☐☐ %
Nuveen Dividend Growth Portfolio	☐☐☐ %
Nuveen Large Cap Value Portfolio	☐☐☐ %
Harbor Capital Appreciation Portfolio	☐☐☐ %
Ariel Portfolio	☐☐☐ %
Nuveen U.S. Small Cap Portfolio	☐☐☐ %
Harding Loevner Global Equity Portfolio	☐☐☐ %
Oakmark International Portfolio	☐☐☐ %
DFA Emerging Markets Portfolio	☐☐☐ %
TCW MetWest Total Return Bond Portfolio	☐☐☐ %
Nuveen Strategic Income Portfolio	☐☐☐ %
Nuveen Inflation Linked Portfolio	☐☐☐ %
Nuveen Large Cap Responsible Equity Portfolio	☐☐☐ %
Nuveen Core and Impact Bond Portfolio	☐☐☐ %
Nuveen Real Asset Income Portfolio	☐☐☐ %
Principal Plus Interest Portfolio	☐☐☐ %
Total	1 0 0 %

* See the Plan Description for details.

** Subject to the two permitted investment rebalances per calendar year.

8. Contribution Method *(Your minimum initial contribution must be at least $25 per account.)*

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 8 Business Days.
- Third-party personal checks up to $10,000 endorsed over to the Plan are accepted.

Source of funds *(Complete all that apply.)*

A. **Check:** Make check payable to **MI 529 Advisor Plan.**
Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to $10,000 endorsed over to the Plan are accepted.

$ ☐☐☐,☐☐☐.☐☐
Amount

B. **Rollover proceeds directly from another 529 plan.** Submit the Plan's **Incoming Rollover Form** along with this application.

C. **Transfer from an existing MI 529 Advisor Plan Account:** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form**.

☐☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

D. **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

$** ☐☐☐,☐☐☐.☐☐ **$ ☐☐☐,☐☐☐.☐☐ **$** ☐☐☐,☐☐☐.☐☐
Amount of Rollover Principal *(Basis)* Earnings

E. **Payroll Direct Deposit:** If you want to make contributions to your MI 529 Advisor Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your MI 529 Advisor Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the MI 529 Advisor Plan. Once this is received please enter this information on your employer self-service portal *(if available)* or provide your signature and Social Security or tax payer identification number on this application and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other MI 529 Advisor Plan Accounts.

Amount of Payroll Direct Deposit each pay period *($15 minimum):* **$** ☐,☐☐☐.**0 0**

F. **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your MI 529 Advisor Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **mi529advisor.com** or by calling **1.866.529.8818**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 8F** and **9** for each additional Recurring Contribution instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 9**.

Amount of Debit: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $50 ☐ Other **$** ☐,☐☐☐.**0 0**
Amount *($25 minimum)*

Frequency *(Select one.)*: ☐ **Monthly** ☐ **Quarterly** *(Every three months.)*

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm-dd-yyyy)*

*MI 529 Advisor Plan must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

Annual Increase. You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: $ ☐,☐☐☐.**0** **0**

Month**: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

** The month in which your Recurring Contribution will be increased. The first increase will happen at the first occurrence of the month selected.

G. **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 9.** The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

$ ☐☐☐,☐☐☐.☐☐
Amount

9. Bank Information *(Required to establish the Recurring Contribution or EFT service.)*

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number ☐☐☐☐☐☐☐☐☐ Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Account Type *(Check One.)* ☐ Checking ☐ Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner *(First name)* *(M.I.)*

Bank Account Owner *(Last name)*

SIGNATURE
Signature of Bank Account Owner ☐☐ – ☐☐ – ☐☐☐☐ Date *(mm-dd-yyyy)*

Joint Bank Account Owner *(First name)* *(M.I.)*

Joint Bank Account Owner *(Last name)*

SIGNATURE
Signature of Joint Bank Account Owner ☐☐ – ☐☐ – ☐☐☐☐ Date *(mm-dd-yyyy)*

10. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum $100 contribution to an initial Investment Portfolio *(Source Portfolio),* and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios *(Target Portfolio).*
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Portfolio change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Portfolio change limit.

Amount: $ ☐☐,☐☐☐.00 *(minimum $100)*
Amount

Frequency *(Select one.)*: ☐ **Monthly** ☐ **Quarterly** *(Based on established date, not calendar quarter.)*

Start Date:* ☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

* The Program must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

Stop Type (Select one.):

☐ **Stop Date** ☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

☐ **When total amount of Reallocation equals:** $ ☐☐☐,☐☐☐.00

☐ **When Complete Balance of the Source Portfolio is depleted.**

Source Portfolio:

Target Portfolio:

Investment Portfolio	$ ☐☐,☐☐☐.00 Dollar Amount
Investment Portfolio	$ ☐☐,☐☐☐.00 Dollar Amount
Investment Portfolio	$ ☐☐,☐☐☐.00 Dollar Amount

11. Signature and Certification *(An Authorized Representative must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner, an Account representing an interest in the MI 529 Advisor Plan (the "Plan") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan.

The State Treasurer, Michigan Department of Treasury is the Plan Administrator (the "Administrator"). I understand that the Plan Administrator has retained TIAA-CREF Tuition Financing, Inc. as the Program Manager (the "Program Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Plan Description and its Appendix (the "Plan Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Description.

I certify all of the information provided by me on this **Account Application for an Entity Account** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the Plan may, from time to time, amend the Plan Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the Plan Description and Participation Agreement.
- By signing the **Account Application for an Entity Account**, I consent and agree to authorize my Financial Professional to access my Account and perform certain transactions on my behalf as explained on the **Account Application for an Entity Account** or separately on the appropriate **Power of Attorney Form**.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Educations Savings Account, 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. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. 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.
- If I have provided banking information in **Section 9**, I authorize the *MI 529 Advisor Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through **mi529advisor.com** provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

SIGNATURE

Signature of Authorized Representative of Entity

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

I will retain a copy of this Account Application, the Plan Description and the Participation Agreement (contained in the Plan Description) with my records.

nuveen
A TIAA Company

FAP-529ACEA-0726D

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **Account Application for an Entity Application**. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Corporation	• Certified Articles of Incorporation or a government issued business license
Trust	• Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency
Partnership	• Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	• Copy of the LLC Agreement
Estate	• Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501 (c) (3)	• Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).
You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the MI 529 Advisor Plan Description and Participation Agreement *(contained in the Plan Description)* for additional information.	

List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following:
  (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.