MI 529 Advisor Plan

Incoming Rollover Form

MI529advisor

Please read the MI 529 Advisor Plan Description for complete Rollover information before completing this form.

- Your rollover proceeds will be invested according to the allocation instructions on your Account. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new **Account Application** along with this form, unless you already have a Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Medallion Signature Guarantee may be required as described in **Section 5**.

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

1. Rollover Type

☐ **Rollover from a 529 Plan**

☐ **Rollover from an Education Savings Account (ESA)**

2. MI 529 Advisor Plan Account Information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number *(If you have not established an Account, complete and enclose an* ***Account Application****)*.

☐☐☐ – ☐☐ – ☐☐☐☐
Social Security Number or Taxpayer Identification Number ***(Required)***

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

Account Owner *(Last name)* ***(Required)***

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

Beneficiary *(First name)* ***(Required)*** *(M.I.)*

Beneficiary *(Last name)* ***(Required)***

☐☐☐ – ☐☐ – ☐☐☐☐
Beneficiary Social Security or Taxpayer Identification Number ***(Required)***

MI ADVISOR INCOMING ROLLOVER

3. Current 529 Plan Manager or ESA Custodian *(Financial Institution)*

- The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your MI 529 Advisor Plan Account. Please contact your current 529 Plan Manager or Custodian for proper mailing address.
- If you do not provide a breakdown of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian *(Usually a Financial Institution)*

Address of Current 529 Plan Manager or Custodian

City

State

Zip Code —

Contact Person

Telephone Number — —

☐ Check this box if the Beneficiary on this account differs from the Beneficiary indicated in **Section 2**.

4. Instructions to Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the Financial Institution indicated in **Section 3**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

Check one.

A. ☐ **Roll over all of the assets in my Account to MI 529 Advisor Plan**. *(To list more than two current Accounts, use a separate sheet.)*

Account Number

$, .
Estimated Account Value

Account Number

$, .
Estimated Account Value

B. ☐ **Roll over a portion of the assets as directed below to MI 529 Advisor Plan**. *(To list more than two options, use a separate sheet.)*

Account Number

Name of Investment Portfolio

$, .
Amount

Account Number

Name of Investment Portfolio

$, .
Amount

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the MI 529 Advisor Plan Description, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs.
- I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 Plan accounts.
- Please call the MI 529 Advisor Plan at **1.866.529.8818** if you have any questions concerning this process.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

Date *(mm-dd-yyyy)* __ __ – __ __ – __ __ __ __

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 plan may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to the MI 529 Advisor Plan. 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 will be provided.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- **The lack of a required Signature Guarantee could delay this rollover.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the MI 529 Advisor Plan Description.

SIGNATURE

Signature of Account Owner *(In the presence of the authorized officer.)*

SIGNATURE

Signature of Guarantor

Title

Name of Institution

Date *(mm-dd-yyyy)* __ __ – __ __ – __ __ __ __

Authorized Officer to place stamp here

6. Authorization and acceptance *(No Account Owner action is necessary in this section.)*

MI 529 Advisor Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

Margaret Frost

Authorized signature, MI 529 Advisor Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **MI 529 Advisor Plan, P.O. Box 55847, Boston, MA 02205-5847**. Make the check payable to MI 529 Advisor Plan. Include the Account Owner name and the MI 529 Advisor Plan Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the MI 529 Advisor Plan Account.

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