MI529advisor

Incoming Rollover Form (for New or Existing Accounts)

For Investors Utilizing a Financial Advisor
Questions? Call 1-866-529-8818
P.O. Box 219295 Kansas City, MO 64121-9295
Monday – Friday, 8:30 a.m. – 6:00 p.m. ET

Instructions

- Please read the Disclosure Booklet and Participation Agreement (contained in the Disclosure Booklet) for complete Rollover information before completing this form.
- Your Rollover proceeds will be invested according to the Instructions you provide in Section 3. For new Accounts, the MI 529 Advisor Plan (MAP) will follow the Allocation Instructions on the Account Application that you submit with this form (excluding investments into Class AR Units).

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 6.[1] Please see the ***Important Information*** box at the end of this form for additional instructions.

1 Account Information

MAP Account Number

Telephone Number - -

Account Owner Name (First, MI, Last, Suffix or Entity Name)

Account Owner E-mail Address

Designated Beneficiary Name (First, MI, Last, Suffix)

Who is the Designated Beneficiary?	☐ **Same Designated Beneficiary**	☐ **New Designated Beneficiary,** excluding UGMA/UTMA *(Please also submit Account Information Change Form)*	
Type of Account: *(Check only one.)*	☐ **Individual**	☐ **Custodial** (UGMA/UTMA)	☐ **Entity**

2 Type of Rollover *(Check only one box)*

☐ **Direct Rollover from another qualified tuition program (QTP)**

We will request a transfer of funds on your behalf directly from your current QTP account into your MAP Account. Please verify whether your current QTP account has any additional requirements before sending this form to MAP.

☐ **Indirect Rollover from another QTP account or a Coverdell Education Savings Account (Coverdell ESA) or following the redemption of a U.S. Savings Bond**

To receive qualified Rollover treatment, your check must be payable to the *MI 529 Advisor Plan* and must be received by MAP within 60 days of the date of withdrawal from the other QTP account or Coverdell ESA, or of the date of redemption of a qualified U.S. Savings Bond

3 Rollover Contribution Instructions

- **Select the Class of Units to be purchased:**

☐ **Class AR Units with contingent deferred sales charge** *(not available through all intermediaries, please consult with your firm policy to determine availability)*

☐ **Class A Units with waived initial sales charge. Please indicate reason below.**

☐ Fee-based Account

☐ Current or retired employee, or director of eligible dealer/firm, or immediate family member of any such person *(identify dealer/firm below)*. By checking this box, I certify that I am an employee for at least the last 90 days of a Selling Institution, or an immediate family member of any such person, and therefore qualify to purchase Class A Units at Net Unit Value as outlined in the Disclosure Booklet and the Participation Agreement.

Dealer/Firm Name

[1] Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

- **Check one of the two boxes below:**

☐ Use my standing Allocation Instructions on file for my Rollover contribution (*for rollovers into Class A only*)
Continue to Section 4

☐ Allocate the Rollover proceeds as instructed below

- **Select Portfolios to be purchased:**

Investment Portfolio			***Whole Percentage*** *(per Investment Portfolio)*
Share Class and Fund	**Class AR**	**Class A**	**%**
Age-Based Investment Portfolio	Age-Based	Age-Based	%
Capital Appreciation Portfolio	Fund 6565	Fund 6518	%
Conservative Allocation Portfolio	Fund 6566	Fund 6520	%
Oakmark International Portfolio	Fund 6567	Fund 6522	%
Santa Barbara Dividend Growth	Fund 6568	Fund 6524	%
Harding Loevner Global Equity	Fund 6569	Fund 6526	%
Nuveen Strategic Income Portfolio	Fund 6570	Fund 6528	%
Nuveen Inflation-Linked Portfolio	Fund 6571	Fund 6530	%
MetWest Total Return Bond Portfolio	Fund 6572	Fund 6534	%
TIAA Large Cap U.S. Equity Index Portfolio	Fund 6573	Fund 6536	%
TIAA U.S. Small Cap Portfolio	Fund 6574	Fund 6538	%
TIAA Large Cap Value Portfolio	Fund 6575	Fund 6540	%
Harbor Capital Appreciation Portfolio	Fund 6576	Fund 6542	%
Ariel Portfolio	Fund 6577	Fund 6544	%
DFA Emerging Markets Portfolio	Fund 6578	Fund 6546	%
Nuveen Alternative Income Portfolio	Fund 6579	Fund 6548	%
TIAA Social Choice Equity Portfolio	Fund 6580	Fund 6550	%
TIAA Social Choice Bond Portfolio	Fund 6581	Fund 6552	%
Nuveen Real Asset Income Portfolio	Fund 6582	Fund 6554	%
Principal Plus Interest Portfolio	N/A	Fund 6532	%
		TOTAL	**100%**

4 Transferring Account Information *(For direct Rollovers only.)*

Please provide information regarding the account where funds are coming from. The account owner name and Social Security Number or Individual Taxpayer ID Number must be the same **as on your MAP Account.**

Account Number (This is the account from which you are transferring assets.)

Account Owner Social Security or Taxpayer Identification Number

- -

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

Transferring Account Program Name

Mailing Address Line 1

Mailing Address Line 2

City *State* *Zip Code*

5 Instructions to the Transferring Account *(For direct Rollovers only.)*

To my transferring account:

Please roll over the assets from my account(s) as requested below and mail a check to ***MI 529 Advisor Plan.*** Enclose a breakdown of the principal and earnings portion of the distribution with the check.

(Check only one box)

☐ Roll over the ENTIRE balance in my account. (Estimated Amount: $ _____) OR

☐ Roll over a PARTIAL balance in my account, as indicated below.

Investment option(s)	Rollover Amount(s)
1.	**$**
2.	**$**
3.	**$**
4.	**$**
TOTAL PARTIAL ROLLOVER AMOUNT	**$**

6 Signature and Certification *(Account Owner, Custodian, or Authorized Representative of Entity must sign below.)*

By signing below, I certify the following:

- The information contained in this form, and in any accompanying documentation, is true, complete, and correct.
- I certify that I have not requested a Rollover for the same Designated Beneficiary within the last 12 months.
- If this Rollover represents a change of the Designated Beneficiary, I certify that the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I have enclosed a check for an indirect Rollover, then I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account, or represents the proceeds from the redemption of a qualified U.S. Savings Bond. I understand that the MI 529 Advisor Plan must receive this check within 60 days of the withdrawal or redemption to qualify for qualified Rollover treatment.
- If I am selecting Class AR units on this form, I understand Class AR Units are designed for Account Owners who affect Rollovers directly from other qualified tuition programs under Section 529. Class AR Units are not available through all Selling Institutions.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

Signature of Account Owner or Authorized Representative of Entity *Date*

IMPORTANT INFORMATION

Your current qualified tuition program may require a Medallion Signature Guarantee stamp on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current qualified tuition program for instructions before mailing this form to MAP. You may be required to provide proof of your authority to act on behalf of the account to your bank or broker before a Medallion Signature Guarantee Stamp will be provided.

GUARANTOR TO AFFIX STAMP HERE

Mail This Form To:

Via regular mail:

MI 529 Advisor Plan
P.O. Box 219295
Kansas City, MO 64121-9295

Via overnight courier:

MI 529 Advisor Plan
c/o DST
430 W 7th Street Suite 219295
Kansas City, MO 64105-1407

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