

Transferring Account Program Name

Grid for Transferring Account Program Name

Mailing Address Line 1

Grid for Mailing Address Line 1

Mailing Address Line 2

Grid for Mailing Address Line 2

City

State

Zip Code

Grid for City, State, and 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- If I have enclosed a check for an indirect Rollover, then I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account, or represents the proceeds from the redemption of a qualified U.S.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 line

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