



Rollover Form (for New or Existing Accounts)

For Investors Utilizing a Financial Advisor

Questions? Call 1-866-529-8818

P.O. Box 55070 Boston, MA 02205-5070

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 Allocation Instructions you provide in Section 3 below. For new Accounts, the MI 529 Advisor Plan (MAP) will follow the Allocation Instructions on the Account Application that you submit with this form.
- 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

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Telephone Number

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

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

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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 Allocation Instructions (For existing Accounts only. For new Accounts, Allocation Instructions will be provided in the Account Application.)

Check one of the first two boxes:

- Use my standing Allocation Instructions on file for future contributions. *No further information is required in this Section 3.*
- Do not use my standing Allocation Instructions on file for future contributions / I do not have standing Allocation Instructions on file for future contributions. *Please also check one of the following two boxes and provide the requested allocation information below.*
 - Allocate the Rollover proceeds as instructed below, *but do not* establish as my standing Allocation Instructions for future contributions because I would like to keep my current standing Allocation Instructions (you may only check this box if you have current standing Allocation Instructions on file)
 - Allocate the Rollover proceeds as instructed below *and* establish as my standing Allocation Instructions for future contributions. MAP will also apply these Allocation Instructions to future Automatic Contribution Plan (ACP) contributions.

Allocation Information:

Select the Class of Units to be purchased

- Class A Units with initial sales charge.
- Class C Units with contingent deferred sales charge.
- Class A Units with waived initial sales charge. *Please indicate reason below.*
 - Current or retired employee or director of eligible dealer/firm, or immediate family member of any such person (identify dealer/firm below)
 - Fee-based Account
 - Employee of Selling Institution 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.

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.

Mailing Address Line 2

Grid for mailing address line 2

City

State

Zip Code

Grids 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.

Table with 2 columns: Investment option(s), Rollover Amount(s). Rows 1-4 and a TOTAL PARTIAL ROLLOVER AMOUNT row.

6 Signature and Authorization (Account Owner Custodian or Authorized Representative of Entity must sign here.)

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.

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
PO Box 55070
Boston, MA 02205-5070

Via overnight courier:

MI 529 Advisor Plan
c/o Boston Financial
30 Dan Road
Canton, MA 02021-2809