



# Minnesota College Savings Plan

## Rollover Form for New or Existing Accounts

Use this form to rollover existing 529 Plan funds into the Plan  
**Questions?** Call toll-free 1-877-338-4646  
 P.O. Box 55134, Boston, MA 02205-5134  
 Visit [www.mnsaves.org](http://www.mnsaves.org)

### Instructions

- Be sure to read the Plan *Disclosure Booklet* before completing this form.
- Complete a separate form for each rollover account and submit a new *Account Application* along with this form, unless you already have a *Minnesota College Savings Plan* Account for this Beneficiary. Additional copies of this form are available at [www.mnsaves.org](http://www.mnsaves.org).
- Your current Qualified Tuition Program may require a medallion signature guarantee<sup>1</sup> on this form, or it may have additional requirements before releasing your funds. To avoid delays, please call your current Qualified Tuition Program for instructions before mailing this form to the *Minnesota College Savings Plan*.
- Unless the Plan receives a breakdown of earnings and contributions for your original account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.
- Print in capital letters with blue or black ink, sign and date the form and mail it to the *Minnesota College Savings Plan* at the above address.

### 1 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 Qualified Tuition Program into your *Minnesota College Savings Plan* Account but it is your responsibility to verify whether your current Program has any additional requirements before you submit this form to us. We also suggest that you follow-up with your current Program within two weeks to be sure that a check is mailed to the *Minnesota College Savings Plan* as you requested.
- Indirect Rollover from another Qualified Tuition Program (QTP) or a Coverdell Education Savings Account** Your check must be payable to the *Minnesota College Savings Plan* and must be received by the Plan within 60 days of the date of withdrawal from the other account to qualify for rollover treatment. You must also provide a breakdown of the contributions and earnings.

### 2 Account Information *(This is your new or existing Minnesota College Savings Plan Account.)*

You can rollover assets, either directly or indirectly, into a *Minnesota College Savings Plan* Account for the same Beneficiary, or into an Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*.

**Note:** Funds that were previously on deposit in a Minor Trust, Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can only be deposited into a Minor Trust account for the same Beneficiary within the *Minnesota College Savings Plan*.

<b>Who is the Beneficiary?</b>	<input type="checkbox"/> <b>Same Beneficiary</b>	<input type="checkbox"/> <b>New Beneficiary</b> , excluding Minor Trust or UGMA/UTMA
<b>Type of Account:</b> <i>(Check only one.)</i>	<input type="checkbox"/> <b>Individual</b>	<input type="checkbox"/> <b>Minor Trust</b> , including UGMA/UTMA <input type="checkbox"/> <b>Entity</b>

<div style="display: flex; justify-content: space-between;"> <span>-</span> <span>-</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>-</span> <span>-</span> </div>
Fund and Plan Account Number <i>(Refer to your statement or leave blank for a new Account.)</i>	Social Security or Taxpayer Identification Number

Account Owner, Custodian Name <i>(First, MI, Last, Suffix)</i> or Name of Entity
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Beneficiary Name <i>(First, MI, Last, Suffix)</i>
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### 3 Contribution Instructions *(Your funds may be deposited to any one or more of the following Investment Options.)*

Please indicate whether your contribution will be deposited into a new Investment Option or into one you already own. Please refer to the *Disclosure Booklet* for information about each Investment Option.

**NOTE:** If you allocate your rollover amount to the **Guaranteed Option**, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the **Guaranteed Option** to the **Money Market Option** will not be permitted.

Investment Options <i>(\$25 minimum per option)</i>	Select your Investment Options		
	Provide amount (\$ or %)	.0 0%	Is this a new option?
Managed Allocation Option	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Equity Option (1918)	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2300)	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2301)	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2302)	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1917)	\$	.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>TOTAL INCOMING ROLLOVER AMOUNT</b>	<b>\$</b>	<b>100.0 0%</b>	

<sup>1</sup> Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.

**4 Instructions to your current Qualified Tuition Program** *(Complete this section only for a direct rollover.)*

Provide your current Qualified Tuition Program account information in this section, including the amount to be withdrawn from that account. Use a separate *Rollover Form for New or Existing Accounts* for each Qualified Tuition Program you maintain for this Beneficiary.

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Account Number *(This is the Account you have with your current Program.)*

Social Security or Taxpayer Identification Number

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

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

<b>To my current Qualified Tuition Program:</b> <i>(Check only one box.)</i>	
Please withdraw funds from my account as requested here, issue a rollover check to the <i>Minnesota College Savings Plan</i> and mail to the address below.	
<input type="checkbox"/> Rollover the <b>ENTIRE</b> balance in my account. (Est. Amt.: \$ _____.) <div style="text-align: center;">OR</div> <input type="checkbox"/> Rollover a <b>PARTIAL</b> balance in my account, as indicated below.	
Investment Option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
4.	\$
<b>TOTAL OUTGOING ROLLOVER AMOUNT</b>	\$

**Provide the mailing address for your current Qualified Tuition Program.**

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Current Qualified Tuition Program Name

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Mailing Address Line 1

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Mailing Address Line 2

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City, State, Zip

**5 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 I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of Beneficiary, I certify the new Beneficiary is a "member of the family" of the current Beneficiary.
- If I have enclosed a check for an indirect rollover, then I also certify this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account. I understand that the *Minnesota College Savings Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

**Additional certification for an Entity Account Owner**, *including Minor Trust accounts with a minor as the Beneficiary:*

I certify the rollover requested on this form is authorized by the entity Account Owner named in Section 2 and I have been authorized by the entity to act on its behalf in executing this form.

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Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

**Note:** Your current Qualified Tuition Program may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, please call your current Program for instructions **before** mailing this form to the *Minnesota College Savings Plan*.

**Mail this form to:**



FINANCIAL SERVICES  
FOR THE GREATER GOOD™

**Overnight Mail**  
 Minnesota College Savings Plan  
 30 Dan Road  
 Canton, MA 02021-2809

**Regular Mail**  
 Minnesota College Savings Plan  
 P.O. Box 55134  
 Boston, MA 02205-5134

Program Administration by TIAA-CREF Tuition Financing, Inc.  
 Distributed by TIAA-CREF Individual & Institutional Services, LLC

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## Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons the Minnesota College Savings Plan (the "Plan") has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary's Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary's Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary's identity. Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Office of Higher Education nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.



### Overnight Mail

Minnesota College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

### Mail all forms to:

#### Regular Mail

Minnesota College Savings Plan  
P.O. Box 55134  
Boston, MA 02205-5134

Program Administration by TIAA-CREF Tuition Financing, Inc.

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