



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

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.
- Your current Qualified Tuition Program may require a medallion signature guarantee¹ 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*.

Who is the Beneficiary? **Same Beneficiary** **New Beneficiary**, excluding Minor Trust or UGMA/UTMA
Type of Account: *(Check only one.)* **Individual** **Minor Trust**, including UGMA/UTMA **Entity**

1 9 1 8 - 0 1 2 3 4 5 6 7	0 1 2 - 3 4 - 5 6 7 8
<i>Fund and Plan Account Number (Refer to your statement or leave blank for a new MCSP Account.)</i>	<i>Social Security Number or Taxpayer Identification Number</i>
J O H N A S A M P L E	
<i>Account Owner or Custodian Name (First, MI, Last, Suffix) or Name of Entity</i>	
A N N E M S A M P L E	
<i>Beneficiary Name (First, MI, Last, Suffix)</i>	

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 %)	Is this a new option?	
Managed Allocation Option	\$ 50.0 0%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	
100% Equity Option (1918)	\$ 25.0 0%	<input type="checkbox"/> Yes OR <input checked="" 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)	\$ 25.0 0%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	
TOTAL INCOMING ROLLOVER AMOUNT	\$ 100.0 0%		

¹ 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.

0 5 1 0 - 1 2 3 4 5 6 7 8

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

0 1 2 - 3 4 - 5 6 7 8

Social Security Number or Taxpayer Identification Number

J O H N A S A M P L E

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

A N N E M S A M P L E

Beneficiary Name (First, MI, Last, Suffix)

To my current Qualified Tuition Program: (Check only one box.)	
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 checked="" type="checkbox"/> Rollover the ENTIRE balance in my account. (Est. Amt.: \$ <u>10,000</u> .) OR <input type="checkbox"/> Rollover a PARTIAL balance in my account, as indicated below.	
Investment Option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL OUTGOING ROLLOVER AMOUNT	\$

Provide the mailing address for your current Qualified Tuition Program.

Q T P C O M P A N Y

Current Qualified Tuition Program Name

9 5 M A I N S T R E E T

Mailing Address Line 1

A N Y T O W N M N 1 2 3 4 5

Mailing Address Line 2

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, as defined in the Plan.
- 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.

John A. Sample *November 1, 2007*

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:

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

