



Michigan Education Savings Program

# Michigan Education Savings Program Rollover Form for New or Existing Accounts

Use this form to rollover funds into the Program  
**Questions?** Call toll-free 1-877-861-MESP (1-877-861-6377),  
Monday through Friday, 8:00 a.m. – 10:00 p.m. ET  
P.O. Box 30361, Lansing, MI 48909-7861  
Visit [www.misaves.com](http://www.misaves.com)

## Instructions

- Read the Program *Disclosure Booklet* for complete rollover information 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 *Michigan Education Savings Program (MESP) Account* for this Beneficiary.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from your original account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

## 1 Type of Rollover (Check only one box.)

- Direct Rollover from another Qualified Tuition Plan (QTP), or from the Michigan Education Trust (MET)**  
We will request a transfer of funds on your behalf directly from your current QTP into your *Michigan Education Savings Program (MESP) Account* but you should verify whether your current QTP has any additional requirements before you submit this form to MESP.
- Indirect Rollover from another Qualified Tuition Plan (QTP), a Coverdell Education Savings Account or Qualified United States Savings Bonds** Your check must be payable to the *Michigan Education Savings Program* and must be received by MESP within 60 days of the date of withdrawal from the other account to qualify for rollover treatment.

## 2 MESP Program Account Information (This is your new or existing MESP Account.)

You can rollover assets, either directly or indirectly, into a MESP Account for the same Beneficiary or into a MESP Account for another Beneficiary who is a "member of the family" of the original Beneficiary, as described in the *Disclosure Booklet*. However, funds that were previously on deposit in a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can only be deposited into an UGMA/UTMA account for the same Beneficiary within MESP.

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

Fund and Program Account Number (Leave blank for a new MESP Account.)	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)
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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.

Investment Options (\$25 minimum per Option)	Select your Investment Options	
	Provide amount (\$ or %)	New option?
Conservative Age Based Allocation Option	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
Moderate Age Based Allocation Option	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
Aggressive Age Based Allocation Option	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1934)	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Equity Option (1933)	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2190)	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2191)	\$	% <input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>TOTAL ROLLOVER CONTRIBUTION AMOUNT</b>	<b>\$</b>	<b>100.00%</b>

## 4 Instructions to your current QTP Program (Complete this section only for a direct rollover.)

Use a separate *Rollover Form for New or Existing Accounts* for each QTP you maintain for this Beneficiary.

Account Number (This is the Account you have with your current QTP.)	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)
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<b>To my current QTP:</b> <i>(Check only one box.)</i>	
Please withdraw funds from my account as requested here, issue a rollover check to the <i>Michigan Education Savings Program</i> and mail to the address below.	
<input type="checkbox"/> Rollover the <b>ENTIRE</b> balance in my account. (Est. Amt.: \$ _____.) <p style="text-align: center;"><b>OR</b></p> <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.	\$
5.	\$
<b>TOTAL OUTGOING ROLLOVER AMOUNT</b>	<b>\$</b>

**Provide the mailing address for your current QTP.**

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*Current QTP Name*

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*Mailing Address Line 1*

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*Mailing Address Line 2*

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*City, State, Zip*

<b>5 Signature and Authorization</b> <i>(Account Owner, Custodian or Authorized Representative of Entity must sign here.)</i>
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**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 Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, I certify that the new Beneficiary is a "member of the family" of the current 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 QTP, Coverdell Education Savings Account or from the redemption of qualified United States Savings Bonds. I understand that the Michigan Education Savings Program must receive this check within 60 days of the withdrawal to qualify for rollover treatment.

**Additional certification for an Entity Account Owner:**

- I certify that the rollover requested on this form is authorized by the entity Account Owner named in Section 2 and that 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 QTP may require a signature guarantee or medallion guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, please call your current QTP for instructions before mailing this form to the Michigan Education Savings Program.

**Mail this form to:**

Michigan Education Savings Program  
P.O. Box 30361  
Lansing, MI 48909-7861

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