

**Instructions**

- Please read the *Plan Disclosure Booklet* and *Participation Agreement* (contained in the *Plan 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 Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new *Account Application* along with this form, unless you already have a Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. A Signature Validation Program Stamp or Medallion Signature Guarantee may be required as described in section 7.<sup>1</sup> Please see the **Important Information** box at the end of this form for additional instructions.

**1 Account Information**

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*Plan Account Number (Please complete one form for each Account)*

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*Telephone Number*

*Account Owner or Trustee/Custodian Name (First, MI, Last, Suffix), or Entity Name*

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

**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 qualified tuition program account into your Plan Account. Please verify whether your current qualified tuition program account has any additional requirements before sending this form to the Program.
- Indirect Rollover from another qualified tuition program (QTP) or a Coverdell Education Savings Account (Coverdell ESA)**  
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 qualified tuition program or Coverdell ESA account to qualify for rollover treatment.

**3 Allocation Instructions** (Skip this step if a new Account Application is enclosed.)

(Check one box)

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
  - The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
  - These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

<b>Investment Option Name</b> (Investment Option Code)	<b>Whole Percentage</b> (per Investment Option)	<b>Check if new Investment Option<sup>2</sup></b>
Managed Allocation Option (Age-based)	%	<input type="checkbox"/> New Option
Principal Plus Interest Option (1917)	%	<input type="checkbox"/> New Option
U.S. & International Equity Option (1918)	%	<input type="checkbox"/> New Option
Moderate Allocation Option (2300)	%	<input type="checkbox"/> New Option
100% Fixed Income Option (2301)	%	<input type="checkbox"/> New Option

<sup>1</sup> Signature Validation Program (SVP) Stamps and 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 Signature Validation Program (SVP) Stamp or a Medallion Signature Guarantee. Please contact your bank or broker, if needed.

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option <sup>2</sup>
Money Market Option (2302)	%	<input type="checkbox"/> New Option
International Equity Index Option (2303)	%	<input type="checkbox"/> New Option
Aggressive Allocation Option (2295)	%	<input type="checkbox"/> New Option
Conservative Allocation Option (2296)	%	<input type="checkbox"/> New Option
Equity and Interest Accumulation Option (2297)	%	<input type="checkbox"/> New Option
U.S. Large Cap Equity Option (2298)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>	<b>100%</b>	

**Note:** If you allocate your contributions to the Principal Plus Interest Option, transfers made at a later date from the Principal Plus Interest Option to the Money Market Option will not be permitted.

<b>Who is the 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

#### 4 Your Current 529 Plan Account Information

The Account Owner name and Social Security number or Individual Taxpayer ID number must be the same on the account from which you are transferring assets **as on your Minnesota College Savings Plan Account**

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Account Number (This is the Account from which you are transferring assets.)

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Account Owner Social Security or Taxpayer Identification Number

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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#### 5 Name and Address of your Current 529 Plan

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
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#### 6 Instructions to your Current 529 Plan

To my current Qualified Tuition Program:	
Please roll over the assets from my account(s) as requested below and mail a check to <b>the Minnesota College Savings Plan</b> . Enclose a breakdown of the principal and earnings portion of the distribution with the check. (Check only one box)	
<input type="checkbox"/> Roll over the ENTIRE balance in my account. (Estimated Amount: \$ _____) OR <input type="checkbox"/> Roll over a PARTIAL balance in my account, as indicated below.	
Investment Option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
4.	\$
<b>TOTAL PARTIAL ROLLOVER AMOUNT</b>	<b>\$</b>

**7 Signature and Authorization** *(Account Owner, Trustee/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 1 and I have been authorized by the entity to act on its behalf in executing this form.

*Signature of Account Owner, Trustee/Custodian or Authorized Representative of Entity*

*Date*

**Medallion Signature Guarantee – if applicable**

**Important Information – Medallion Signature Guarantee** Your current 529 plan may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to the Minnesota College Savings Plan. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a medallion signature guarantee will be provided.

**Guarantor to Affix Stamp Here:**

**Mail 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



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

**The following notice provides important information about the reasons that 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 Higher Education Services Office 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.

MN0808.PRI



### **Overnight Mail**

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

### **Mail this form to:**

#### **Regular Mail**

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