



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

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.

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

1 9 3 3 - 0 1 2 3 4 5 6 7	2 3 4 - 5 6 - 7 8 9 0
Fund and Program Account Number (Leave blank for a new MESP Account.)	Social Security 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)

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	\$ 50%	<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)	\$ 25%	<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)	\$ 25%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
TOTAL ROLLOVER CONTRIBUTION AMOUNT	\$ 100.00%	

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.

0 5 1 0 - 1 2 3 4 5 6 7 8	2 3 4 - 5 6 - 7 8 9 0
Account Number (This is the Account you have with your current QTP.)	Social Security 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)

