



Mississippi Affordable College Savings
MACS Direct Program
Incoming Rollover Form

Questions? Call toll-free 1-800-486-3670
 P.O. Box 55037, Boston, MA 02205-5037
 Visit www.MS529.com

Instructions

- Complete this form to initiate a direct rollover of assets from another 529 plan to an existing account in *Mississippi Affordable College Savings, or MACS*. Note: If you have not already opened a MACS account, please enclose a completed application with this form.
- Your rollover proceeds will be invested according to the instructions provided below at the time the proceeds are received.
- Print in capital letters using blue or black ink.
- Mail this form and your contribution check(s) to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-0537.
- Forms may be downloaded at www.MS529.com or you may call MACS toll-free at 1-800-486-3670 to order forms, perform certain account transactions, or to get help completing a form.

1 MACS Account Information

<div style="display: flex; justify-content: space-between;"> - - </div> <p style="font-size: small;">Option and Program Account Number (Leave blank for a new MACS Account.) Social Security or Taxpayer Identification Number</p>	
<div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="font-size: small;">Account Owner Name (First, MI, Last, Suffix or Name of Entity)</p>	
<div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="font-size: small;">Beneficiary Name (First, MI, Last, Suffix)</p>	

2 Contribution Instructions

Select your Investment Option(s) below and indicate if your rollover will be deposited into a new Option or into one you already own.

Investment Options <small>(\$25 minimum per Option)</small>	Select your Investment Options		
	Provide amount (\$ or %)	New option?	
Managed Allocation Option (Age-based)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Equity Option (1968)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Option (2823)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1967)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
TOTAL ROLLOVER AMOUNT	\$	100.00%	

3 Your Current 529 Plan Account Information

The Account Owner 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 MACS account**.

<div style="display: flex; justify-content: space-between;"> - - </div> <p style="font-size: small;">Account Number (This is the Account from which you are transferring assets.) Account Owner Social Security or Taxpayer Identification Number</p>	
<div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="font-size: small;">Account Owner Name (First, MI, Last)</p>	
<div style="border-bottom: 1px solid black; height: 20px;"></div> <p style="font-size: small;">Beneficiary Name (First, MI, Last)</p>	

4 Name and Address of your Current 529 Plan

Current 529 Plan Name

Mailing Address Line 1

Mailing Address Line 2

Mailing Address Line 3

City, State, Zip

5 Instructions to your current Qualified Tuition Program

To my current Qualified Tuition Program:

Please roll over the assets from my account as requested below and mail a check to MACS. Enclose a breakdown of the principal and earnings portions of the distribution with the check.

(Check only one box.)

- Rollover the ENTIRE balance in my account. Estimated value \$ _____ OR
- Rollover a PARTIAL balance in my account, as indicated below.

Investment Option Name(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
TOTAL OUTGOING ROLLOVER AMOUNT	\$

6 Signature and Authorization (Account Owner, Custodian or Authorized Representative of Entity must sign here.)

By signing below, I certify the following:

- I certify that I have read the MACS Disclosure Booklet and that I understand the rules and regulations governing rollover contributions for 529 plan accounts, including that IRS regulations permit only one such rollover for the same beneficiary in a 12-month period.
- 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.

Signature of Account Owner or Authorized Representative

Date (month, day, year)

Medallion Signature Guarantee Information

Your current 529 plan may require a 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 MACS. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a signature guarantee will be provided.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037
MS1204.ROF/A13185