

## ROLLOVER FORM

- The rollover distribution must be completed within 60 days.
- An MPACT account should be established before you can request a rollover of funds into MPACT. Please visit [www.TreasurerLynnFitch.com](http://www.TreasurerLynnFitch.com) or call 1-800-987-4450 for information on opening an account.
- If the rollover is coming from MACS, please complete this form and submit to MPACT: P.O. Box 120, Jackson, MS 39205-0120. MPACT will request the rollover for you.
- If the rollover is coming from another 529 Qualified Tuition Program, a Coverdell ESA, or a Qualified U.S. Savings Bond, please see Page 3 for important information, before completing this form.  
**MPACT cannot initiate the rollover of funds from your current financial Institution.**
- Should you have questions completing this form, please call 1-800-987-4450.

### Section I: Rollover Source

Assets will be rolled over from one of the following qualified sources to the MPACT program: (choose one)

- Mississippi Affordable College Savings (MACS)
- Another 529 Qualified Tuition Program
- Coverdell Education Savings Account
- Qualified U.S. Savings Bond

### Section II: Purchaser Information

MPACT Account Number: \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

Organization Name (if Purchaser is not an individual): \_\_\_\_\_

Social Security Number (or Taxpayer I.D. Number): \_\_\_\_\_

Street Address/P.O. Box/Apt. #: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ Secondary Phone Number: ( ) \_\_\_\_\_

### Section III: MPACT Beneficiary Information

Beneficiary Name (First, MI, Last): \_\_\_\_\_

Social Security Number (or Taxpayer I.D. Number): \_\_\_\_\_

Are you changing the Beneficiary from your current financial institution?  Yes  No

If yes, what is the relationship to the original beneficiary? \_\_\_\_\_

### Section IV: Current Financial Institution Information

Current Financial Institution Name: \_\_\_\_\_

Account Owner's Account Number: \_\_\_\_\_

Designated Beneficiary Name: \_\_\_\_\_

Designated Beneficiary Social Security Number (or Taxpayer I.D. Number): \_\_\_\_\_

### Section V: Rollover Deposit Information

Please complete the following information. **REMINDER: The Principal and Earnings portions of the rollover should accompany the check from your current financial institution, along with the date of withdrawal and the Beneficiary's name.** The rollover cannot be completed until we have this necessary information. *If you are unsure of the Principal and Earnings amount because the rollover check will be sent to MPACT directly, please leave blank and complete only the Amount and Percentage Information.*

(continued on page two)

## Section V: Rollover Deposit Information (continued)

Investment portion of Rollover Contribution (Principal): \$ \_\_\_\_\_  
Earnings Portion of Rollover Contribution (Earnings): \$ \_\_\_\_\_  
Total Rollover Contribution Amount: \$ \_\_\_\_\_  
Percentage of Rollover (for example: 100%, 50%, partial): \_\_\_\_\_

## Section VI: Authorization

By signing below, I certify the information provided is accurate. I certify the new Beneficiary is a "member of the family" of the current Designated Beneficiary, or that I have not requested a rollover without changing Beneficiaries within the last 12 months. If the rollover is not from an existing MPACT or MACS account, I also certify the rollover to MPACT is within 60 days of withdrawal from the current financial institution identified above.

\_\_\_\_\_  
MPACT Purchaser Signature

\_\_\_\_\_  
Date

### NOTICE

Purchasers who knowingly supply fraudulent documentation will be subject to penalties defined in the MPACT master contract and other civil and criminal penalties as provided by law.

## Section VII: Important Information

- Notify your current financial institution of your intent to rollover funds to an MPACT account. MPACT cannot request the rollover for you. Your current program may require you to complete their form before your request is processed.
- Checks should be made payable to MPACT and reference your MPACT account number.
- **IMPORTANT: MPACT must have the breakdown of the Principal and Earnings of the rollover funds to complete the rollover.** The Beneficiary's name and date of withdrawal should also accompany the check. (Usually this information is included on the check stub or as an attachment with the check.)
- The rollover funds and Principal and Earnings statement can be sent to MPACT directly, or it can be sent to the Account Owner. If sent to the Account Owner, you have 60 days to submit this form, the statement, and the funds to MPACT.
- DO NOT submit this form to your current financial institution.
- If your rollover is from an existing MPACT account, your rollover contributions will be automatically transferred, after the completion of this form.

### Member of Family Defined:

In order for the rollover to not be subject to tax, any applicable state penalties, and the federal additional tax of 10%, the Beneficiary of the receiving account must be a "member of the family" of the Beneficiary of the original account. For these purposes, this includes the Beneficiary's spouse and the following other relatives defined by Section 529 of the Internal Revenue Code:

- Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
- Brother, sister, stepbrother, or stepsister
- Father or mother or ancestor of either
- Stepfather or stepmother
- Son or daughter of a brother or sister
- Brother or sister of father or mother
- Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law
- The spouse of any individual listed above
- First cousin



*Lynn Fitch*  
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