## Michigan Education Savings Program

## **Direct Rollover Out to Roth IRA Form**



- Complete this form to initiate a direct rollover of assets from your Michigan Education Savings Program Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- The Michigan Education Savings Plan is required to issue an IRS Form 1099-Q to the Beneficiary when you roll funds from your Michigan Education Savings Plan Account to a Roth IRA. The 1099-Q will be mailed to the Beneficiary address you currently have on file. If the address has changed, please update it by logging into your account or by submitting a <u>Profile Change</u> Form.
- Your rollover will be processed out of your Michigan Education Savings Program
   Account according to the instructions you provide in **Section 3**.
- Please review Section 4 to determine whether or not your assets are eligible for rollover to a Roth IRA.

Beneficiary Social Security or Taxpayer Identification Number (Required)

- Please consult with your Roth IRA provider to determine whether there are additional requirements before submitting this form.
- Complete a separate form for each account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

To request assistance in completing this form call us at 1.877.861.6377, Monday through Friday from 8 a.m. - 8 p.m. ET.

95 Wells Avenue, Suite 155 Newton, MA 02459					
Overnight mailing address:  Michigan Education Savings Program					
Mic P.O.	ular mailing address: higan Education Savings Program Box 55451 ton, MA 02205-5451				
<b>k</b>	www.misaves.com				
	Monday to Friday 8 a.m 8 p.m. ET				

··· 1.877.861.6377

Michigan Education Savings Program Account Information					
Account Number (Required)					
Account Owner/Custodian Social Security Number or Taxpayer Identification Number ( <i>Required</i> )					
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Account Owner (First name) (Required)  (M.)	.)				
	7				
Account Owner (Last name) (Required)	_				
Telephone Number					
Beneficiary (First name) (Required)  (M.1)	]				
Beneficiary (Last name) (Required)  — — — — — — — — — — — — — — — — — — —					



## DO NOT STAPLE

2.	<b>Roth IRA</b>	Manager	or Custodian	(Financial	Institution
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Beneficiary of your Michigan Education Savings Program Account. Please contact the receiving Roth IRA Plan Manager or Custodian for proper mailing address.								
Roth IRA Account Owner Name (This must be the Beneficiary of the 529 Account being rolled over)								
Account Number of Roth IRA								
Name of Receiving Roth IRA Manager or Custodian (Usually a Financial Institution)								
Address of Receiving Roth IRA Manager or Custodian								
City State Zip Code								
Telephone Number								
Instructions to the Michigan Education Savings Program  The assets described below will be moved from your Michigan Education Savings Program Account to the Financial Institution indicated in Section 2.  The value of the assets being rolled over to the Roth IRA is subject to the annual contribution limit for the taxable year applicable to the Beneficiary for all individual retirement plans maintained for the benefit of the Beneficiary.  Check one.  A. Roll over all of the assets in my Michigan Education Savings Program Account to the Roth IRA indicated in Section 2.  B. Roll over a partial pro-rated amount of the assets to the Roth IRA.  \$ Amount								
the Beneficiary for all individual retirement plans maintained for the benefit of the Beneficiary.  Check one.  A. Roll over all of the assets in my Michigan Education Savings Program Account to the Roth IRA indicated in Section 2.  B. Roll over a partial pro-rated amount of the assets to the Roth IRA.  \$								
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## 4. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

Note: The IRS may issue additional guidance that may impact 529 account rollovers to Roth IRAs. Please consult a financial professional or tax advisor regarding the applicability of these rollovers to your personal situation.

- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the Michigan Education Savings
  Program Description, and understand the rules and regulations governing rollover contributions to Roth IRAs from 529 plans, and that
  the rollover I am requesting meets all of the requirements and conditions required for an eligible rollover of assets to Roth IRAs from
  529 plans.
- I understand that my 529 account must be open for 15 or more years in order to qualify for a rollover to a Roth IRA.
- I understand that IRS regulations permit a lifetime maximum amount of \$35,000 per Beneficiary to be rolled over from 529 accounts to Roth IRAs.
- I understand that 529 contributions and associated earnings must be in my account for more than 5 years in order to qualify for a rollover to a Roth IRA.
- I understand that I am responsible for tracking and documenting the length of time my 529 account has been open and the amount of assets in my 529 account eligible to be rolled into a Roth IRA.
- I understand that 529 assets can only be rolled over into a Roth IRA maintained for the benefit of the Beneficiary on my 529 account.
- I understand that the Roth IRA contribution is subject to the Roth IRA contribution limit for the taxable year applicable to the Beneficiary for all individual retirement plans maintained for the benefit of the Beneficiary.

SIGNATURE	
Signature of Account Owner	Date (mm-dd-yyyy)