MPACT Facts

Legacy vs. Horizon

The Mississippi Prepaid Affordable College Tuition (MPACT) Program will reopen to new enrollment on October1, 2014. New contracts will be referred to as "Horizon Contracts," while contracts purchased prior to 2014 are "Legacy Contracts." All contracts are backed by the full faith and credit of the State of Mississippi. This document gives a summary of what differences you can expect effective October 1, 2014.

MPACT Fee Changes (Legacy and Horizon)

Cancellation Fee	$150
Termination Fee	$1,500
Late Fee	$20
Document Replacement Fee	$10
Return Item Fee	$30
Payment Schedule Change Fee	$25
Change of Purchaser	$25
Change of Beneficiary (Legacy only)	$25
Account Maintenance Fee (Horizon only)	5% of original contract price
Contract Extension Fee	5% of original contract price

For information on MPACT Horizon Contract pricing, go to www.treasurerlynnfitch.com

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Legacy Contracts

The following amendment has been put into place for existing contracts.

- **Contingent Purchaser – Purchasers will now have the option to designate a backup Purchaser to manage the account should the original Purchaser die.**

Horizon Contracts

In order to ensure Horizon Contracts remain cost-neutral, some areas of the plan have been modified. Those modifications are as follows:

- **Contingent Purchaser – Purchasers will now have the option to designate a backup Purchaser to manage the account should the original Purchaser die.**
- **Semester Hours Available – Thirty one (31) semester hours per year purchased.**
- **Benefit Period – Eight (8) years from projected college entrance year.**
- **Substitute Beneficiaries –Purchasers may request a refund of the Redemption Value and:**
  - **Roll funds to another 529 plan;**
  - **Use funds to purchase a new MPACT Contract; or**
  - **Receive a refund check from MPACT.**
- **Refunds of Unused Hours –Purchasers may request a refund of the Redemption Value.**
- **Death and Disability Refunds – Redemption Value will be refunded and all administrative fees will be waived.**
- **Contract Extensions – Available for Beneficiaries who delayed enrollment due to military service.**
- **Specialty Course Study – MPACT will pay standard undergraduate tuition rates.**
- **Enrollment period extended – Enrollment will be open October 1-May 31.**

Effective date: August 6, 2014

2014-2015 Mississippi Prepaid Affordable College Tuition Program (MPACT) Application

Instructions:

1. Please read the MPACT Rules and Disclosure. If you need additional information or assistance in completing this application, please call toll free 1-800-987-4450 between 8:00am – 5:00pm CST, Monday through Friday. You can also complete the application and make payments online at www.TreasurerLynnFitch.com.
2. Complete all sections of the application. Type or print all information in blue or black ink except your signature. Sign and date the application.
3. Enclose a check or money order, made payable to MPACT in the amount of sixty dollars ($60.00). Your application will not be accepted without this fee. The application fee is nonrefundable. A separate application must be submitted for each child along with a sixty dollar ($60) application fee per child.
4. You will be billed according to the payment option you select in Section V.
5. Mail the completed application and the sixty dollar ($60.00) fee, postmarked no later than May 31, 2015 to: MPACT, c/o College Savings Mississippi, P.O. Box 120, Jackson, MS 39205-0120.

When we have processed your application, you will receive a confirmation letter, a participation and payment schedule, and a copy of the MPACT Rules Regulations. Please allow up to three weeks for receipt of this information.

FOR OFFICE USE ONLY

$60 Enclosed _____ None _____ Other $ _____ Check Amount _____ Related Applications _____

SECTION I: PURCHASER INFORMATION

Please complete the following information about the person purchasing the MPACT Contract. The Purchaser is the owner of the Contract and must be of legal age. (If the Contract is cancelled, the Purchaser is entitled to a refund.)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

LAST NAME | FIRST NAME | M.I. | SUFFIX

ADDRESS *(NUMBER AND STREET, INCLUDING APARTMENT NUMBER)* | CITY | STATE | ZIP

COUNTY | PRIMARY PHONE | SECONDARY PHONE

SOCIAL SECURITY NUMBER (OR TAXPAYER I.D. NO.) | EMAIL

Is the Purchaser OR Beneficiary a Mississippi resident? ☐ Yes ☐ No
(Either the Purchaser or the Beneficiary must be a Mississippi resident or the application will not be accepted.)

Purchaser's relationship to the Beneficiary: ☐ Parent ☐ Grandparent ☐ Other: _____
If purchaser is an organization, please indicate type: ☐ Corporation ☐ Trust or non-profit

SECTION II: CONTINGENT PURCHASER INFORMATION (OPTIONAL)

A Contingent Purchaser's rights are limited solely to control of the contact upon the death of the Purchaser. The Contingent Purchaser may receive Contract information but cannot make any changes to the Contract during the life of the Purchaser. The Contingent Purchaser must meet the same requirements as the Contract Purchaser.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

LAST NAME | FIRST NAME | M.I. | SUFFIX

ADDRESS *(NUMBER AND STREET, INCLUDING APARTMENT NUMBER)* | CITY | STATE | ZIP

COUNTY | PRIMARY PHONE | SECONDARY PHONE

SOCIAL SECURITY NUMBER (OR TAXPAYER I.D. NO.) | EMAIL

SECTION III: BENEFICIARY NFORMATION

Please complete the following information about the child for whom the MPACT Contract is being purchased.

LAST NAME | FIRST NAME | M.I. | SUFFIX

ADDRESS *(NUMBER AND STREET, INCLUDING APARTMENT NUMBER)* | CITY | STATE | ZIP

(Continued on next page)

SECTION III: BENEFICIARY NFORMATION (continued)

COUNTY | PRIMARY PHONE | EMAIL ADDRESS

SOCIAL SECURITY NUMBER (OR TAXPAYER I.D. NO.) | GENDER ☐ MALE ☐ FEMALE | DATE OF BIRTH (MM/DD/YYYY)

Please indicate the Beneficiary's age or current grade in school and projected college entrance year as of September 1, 2014. (Choose One)

☐ Newborn (2032) ☐ 1 yr old (2031) ☐ 2 yr old (2030) ☐ 3 yr old (2029) ☐ 4 yr old (2028) ☐ 5 yr old, not in school (2028)
☐ Kindergarten (2027) ☐ First (2026) ☐ Second (2025) ☐ Third (2024) ☐ Fourth (2023) ☐ Fifth (2022) ☐ Sixth (2021)
☐ Seventh (2020) ☐ Eighth (2019) ☐ Ninth (2018) ☐ Tenth (2017) ☐ Eleventh (2016) ☐ Twelfth (2015)

SECTION IV: PLAN TYPE

Please indicate the plan being purchased. (Choose one)

University:
☐ University Plan – 4 Years
☐ University Plan – 2 Years
☐ University Plan – 1 year

Community College:
☐ Community College – 2 Years
☐ Community College – 1 Year

University/Community College
☐ 2 Years Community College/2 Years University

SECTION V: PAYMENT SCHEDULE

Please select a payment option. A complete listing of payment options is available on the program website. (Choose one)

Lump Sum Payment:
☐ Single, lump-sum payment

Annual Payments:
☐ 3-year annual payments (9th grade or younger)
☐ 5-year annual payments (7th grade or younger)

Monthly Payments:
☐ 5-year monthly payment (7th grade or younger)
☐ 8-year monthly payment (4th grade or younger)
☐ 10-year monthly payment (2nd grade or younger)
☐ 12-year monthly payment (Kindergarten or younger)
☐ Extended monthly payment

Rollover Contribution:
Is a portion of the initial contribution is a rollover? ☐ Yes ☐ No

Down Payment Option:
Some Payment options listed above are eligible for a down payment option. If applicable, please indicate a down payment amount. (choose one): ☐ $2,000 ☐ $5,000

Payment Method:
If selecting an option including monthly payments, indicate the desired payment method:

☐ Automatic Bank Draft (Complete ACH Form) ☐ Coupon Book ☐ Payroll Deduction (Complete Payroll Deduction Form)*

*A coupon book will automatically be issued for use until the payroll deduction is in effect.

SECTION VI: OPTIONAL INFORMATION

You are not required to complete this section. However, your responses will help us plan for future enrollment periods.

How did you learn about the prepaid tuition program? (Choose one)
☐ Newspaper Article ☐ TV ☐ Radio ☐ Word of Mouth ☐ Internet/Social Media ☐ Financial Advisor
☐ Employer Benefit Fair/Presentation – Employer Name: _____ ☐ Other: _____

Educational level of the Purchaser (Indicate Highest Level)
☐ High school graduate ☐ GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ PH.D.
☐ Other: _____

Race of Beneficiary (Choose one)
☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American ☐ Other: _____

Annual Household Income (Choose one)
☐ Less than $20K ☐ $20K-29,999 ☐ $30K-39,999 ☐ $40K-49,999 ☐ $50K-79,999 ☐ $80K-100K ☐ Over $100K

I hereby certify: (1) that the information on this application is true and accurate to the best of my knowledge and acknowledge that a substantial fee may be applied for contract termination resulting from material misrepresentation on this MPACT application; (2) that I have not accepted any form of payment or remuneration for entering into a contract for the benefit of a nonresident beneficiary; and (3) that I have read and understand the MPACT Programs Master Contract and the Program Description, Rules, Regulations & Procedures. I understand that I can request a copy of these documents prior to submission of this application. By signing below I hereby agree to the terms of the MPACT Contract.

SIGNATURE OF PURCHASER | DATE

CollegeSavingsMPACT
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Request to Extend Contract Past the 10 Year Expiration Date

A non-refundable renewal fee of $350 and an actuarial assessment fee will be assessed for 10 year extension requests. MPACT accounts can only be extended one calendar year at a time. A separate request must be made each year along with that year's assessment fees.

- The $350 non-refundable renewal fee will be due January 1, prior to the students enrolling for the Spring semester.
- The actuarial assessment fee will be calculated based on the annual percentage increase of the Mississippi weighted average tuition, and will be due August 1, prior to the student enrolling for the Fall semester.

Questions should be directed to Customer Service at 601-359-5255.

MPACT Account Number: _____

Purchaser's Name: _____

Beneficiary's Name: _____

Purchaser's Primary Number: ( ) _____ Secondary Number: ( ) _____

The Maturity Date_____ and Expiration Date _____ of the MPACT contract.

Number of Hours Remaining on Account (must have a minimum of 32): _____

Reason for Extension: _____

_____

I certify that I am the legal MPACT contract Purchaser, and I request that MPACT extend the expiration date for the above-referenced contract for one calendar year past the contract's original expiration date. I also agree to pay the fees associated with this request.

Purchaser's Signature: _____ Date: _____

In order to process this request, please complete this form and submit it to MPACT P.O. Box 120 Jackson, MS 39205-0120 or fax it to 601-359-5234.

CANCELLATION FORM

- The current MPACT Contract Purchaser must complete all sections of this form in order for the cancellation request to be processed.
- Cancellation fees and any benefit usage will be deducted from the refund at the time the cancellation is processed. Cancellation fees are not assessed for death or disability of Beneficiary.
- Questions should be directed to Customer Service 1-800-987-4450.
- Submit completed form to MPACT P.O. Box 120, Jackson, MS 39205-0120.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

Please Select the Cancellation Type:

____ Voluntary – Reason: _____

____ Involuntary – Disability of Beneficiary (Please include a signed letter from a licensed physician certifying the Beneficiary's disability)

____ Involuntary – Death of Beneficiary (Please include a copy of the Beneficiary's death certificate)

Section II: Current Purchaser Signature

I certify that I am the legal MPACT Contract Purchaser, and I request that MPACT cancel the above-referenced account. I understand that I will receive a refund as defined in Section Five (V) of the MPACT Master Contract. For a copy of the Master Contract call 1-800-987-4450.

_____

Current Purchaser's Signature Date

Section III: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a refund on the above reference MPACT account on the date and for the purposes therein set forth.

_____

Notary Signature (Seal or Stamp) My Commission Expires

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.

Lynn Fitch

STATE TREASURER

CHANGE OF ADDRESS FORM

- Changes can be made by the contract Purchaser through On-Line Account Access at www.TreasurerLynnFitch.com. Click on Account Login and go to the Account Information Section. Changes can also be made by submitting this completed form.
- Submit completed form to MPACT, P.O. Box 120 Jackson, MS 39205 or fax to 601.-359-5234.
- Questions should be directed to Customer Service at our toll-free number: 1-800-987-4450.

Section I: Account Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Beneficiary Name (First, MI, Last): _____

New Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____

Purchaser Email Address: _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

These changes apply to the following: ☐ Purchaser ☐ Beneficiary

Section II: Purchaser Signature

_____

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.

Lynn Fitch
STATE TREASURER

CHANGE OF BENEFICIARY FORM

- In order for a change of Beneficiary request to be processed, the Beneficiary must meet all requirements outlined in the MPACT Rules and Regulations.
- To change to the Beneficiary, the current MPACT Contract Purchaser must complete all sections of this form and remit a twenty five dollar ($25.00) Change of Beneficiary fee to: MPACT P.O. Box 120, Jackson, MS 39205-0120, or pay the plan change fee electronically through On-Line Account Access. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

Projected Enrollment Year of Original Beneficiary: _____

Have the benefits been used by the Original Beneficiary? ☐ **Yes*** ☐ **No**

** If you answered "yes" you must meet the following requirements:*

1. *The MPACT Contract must have at least 15 unused semester hours;*
2. *The Substitute Beneficiary does not already have an existing MPACT Contract; and*
3. *Request must be made prior to the original Beneficiaries college graduation.*

Note: *The above requirements only apply to requests after contract benefits have been utilized by the original Beneficiary. In these instances, the Projected Enrollment Year of the original Beneficiary will remain the same for the Substitute Beneficiary.*

Section II: Substitute Beneficiary Information

Substitute Beneficiary Name (First, MI, Last): _____

Relationship to Original Beneficiary (choose one):

☐ Brother/sister ☐ Legally adopted brother/sister ☐ First cousin

☐ Half-brother/sister ☐ Step-brother/sister

Primary Phone Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

- Was the Substitute Beneficiary born at the time the original MPACT Contract was purchased? ☐ Yes ☐ No
- Is the Substitute Beneficiary eighteen (18) years of age or younger? ☐ Yes ☐ No

Section III: Purchaser Signature

I authorize this change of Beneficiary and certify that the listed substitute Beneficiary meets the criteria as specified in the MPACT Master Contract.

_____

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.

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STATE TREASURER

Date: _____

School Name: _____ School Contact: _____

Phone: Number: _____ FEIN Number: _____

School Address: _____ City: _____

State: _____ Zip: _____ Term: _____

Last Date to Drop Classes and Receive Full Refund: _____

Submit to:

Email: student.billing@prepaidtuition.com

Physical Address: MPACT Student Billing
c/o Intuition Systems, Inc
9428 Baymeadows Rd, Suite 600
Jacksonville, FL 32256

Fax: 1.800.519.4652
Phone: 1.800.987.4450, opt 2

Completion of all fields will ensure prompt and accurate payment of invoices.

Student SSN	Student Name	Hours Enrolled	Tuition Prior to Any Tuition Only Awards	Fees Prior to Any Fee Only Awards	Remaining Tuition Due*	Remaining Fees Due*	Total Due from MPACT

*If applicable

Submitted By (please print): _____ Total Amount Due: _____ Phone Number: _____

INTENT TO ENROLL FORM

Only submit this form if the Beneficiary is attending an out-of-state or private institution.
This form can be completed through On-Line Account Access at www.TreasurerLynnFitch.com. Click on Account Login and go to the Benefit information Section. Questions should be directed to Customer Service at our toll-free number: 1-800-987-4450.

Instructions after completing this form:

- Submit to MPACT, P.O. Box 120, Jackson, MS 39205;
- Upon Receipt, MPACT will send confirmation of the school selection to the contract Beneficiary.
- Notification of the contract Beneficiary's intent to enroll will also be forwarded to the institution designated on this form.
- Payout rates for the upcoming academic year will be mailed to the institution once they become available. These are also available in the FAQ section of our website.
- *Note: It is the student's responsibility to find out if the out-of-state or private school requires third-party invoicing information to be re-submitted each semester.*

Section I: Beneficiary Information

MPACT Account Number: _____

Beneficiary Name (First, MI, Last): _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Beneficiary Primary Number: (____) _____ Secondary Number: (____) _____

Beneficiary SSN: _____

Section II: School Information

Out-Of-State / Private School: _____

City / State: _____

Term / Year of Attendance: _____

Section III: Beneficiary Certification

I certify that the information provided above is complete and accurate, and that I authorize the Mississippi Prepaid Affordable College Tuition (MPACT) Program to submit information on my behalf to the above-referenced school.

_____

Beneficiary Signature Date

NOTICE

Beneficiaries and/or 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.

Lynn Fitch
STATE TREASURER

SCHOLARSHIP REFUND FORM

- Contract benefits may only be applied towards the cost of tuition and mandatory fees. Scholarships intended for expenses other than tuition and mandatory fees do not qualify for a scholarship refund.
- All scholarship refunds are issued to the Purchaser listed on the Contract and are processed after the add/drop date of the institution. The refund will be sent to the Purchaser's address on file.
- Please submit all required documentation to P.O. Box 120, Jackson, MS 39205-0120 or Fax to 1-800-519-4652. Questions should be directed to Customer Service at 1-800-987-4450.

Scholarship refund requests must be submitted each semester and must include the following documentation in order to be processed:

1. Schedule of classes or invoice reflecting actual credit hours enrolled.
2. Student billing statement or tuition bill reflecting tuition billed and scholarship applied.
3. Complete scholarship request form.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

Beneficiary Name (First, MI, Last): _____

Beneficiary SSN: _____

School Information:

School Name: _____ City / State: _____

Term: _____ Year: _____ Number of Hours Enrolled: _____

Section II: Current Purchaser Signature

I certify that I am the legal contract Purchaser, and I authorize MPACT to issue a scholarship refund for the above-referenced contract for the indicated term and year.

_____

Current Purchaser Signature Date

Section III: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a refund on the above reference MPACT account on the date and for the purposes therein set forth.

_____

Notary Signature (Seal or Stamp) My Commission Expires

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.

Lynn Fitch

STATE TREASURER

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 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
STATE TREASURER

REFUND OF UNUSED HOURS (LEGACY CONTRACTS ONLY)

- The current MPACT Contract Purchaser must complete all sections of this form in order for the request to be processed.
- **Per MPACT Rules and Regulations, refunds of unused hours are issued only for contracts Purchased prior to 2014 and after a Beneficiary earns a Baccalaureate Degree.**
- Please submit all required documentation to MPACT P.O. Box 120, Jackson, MS 39205-0120 or fax to 1-800-519-4652. Questions should be directed to Customer Service at 1-800-987-4450.

Refund of unused hour's requests must include the following documentation:

1. A copy of the Beneficiary's Baccalaureate Degree Diploma or documentation from the College/University confirming that the Beneficiary has received a Baccalaureate Degree.
2. Complete and notarized refund of unused hours request form.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

Section II: Current Purchaser Signature

I certify that I am the legal MPACT Contract Purchaser, and I request that MPACT issue a refund of unused hours for the above-referenced account. I understand that I will receive a refund as defined in MPACT Master Contract.

_____

Current Purchaser Signature Date

Section III: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a refund on the above reference MPACT account on the date and for the purposes therein set forth.

_____

Notary Signature (Seal or Stamp) My Commission Expires

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.

Lynn Fitch

STATE TREASURER

BANK DRAFT (ACH) FORM

- Please complete and sign this form and enclose a voided check for the account indicated with this authorization. For savings accounts, contact your bank to verify participation in automatic debit and to obtain the proper account number and bank routing number.
- One monthly payment amount will be withdrawn from your account on the 1st of every month, and record of these payments will appear on your bank statement.
- **You must make payments by check until you are notified that your automatic payments have been set up.** Remember to include your MPACT account number on your check.
- Submit the completed form to MPACT, P.O. Box 120, Jackson, MS 39205
- Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Account Information

Purchaser Name (First, MI, Last): _____

Employee Social Security Number: _____

Beneficiary Name (First, MI, Last): _____

Purchaser Phone Number: (____) _____ MPACT Account Number: _____

Bank Account Holder Name (if different from Purchaser): _____

Monthly Deduction Amount (equal to or greater than your MPACT monthly payment): _____

☐ I hereby authorize MPACT, Mississippi Prepaid Affordable College Tuition Program, to initiate debit entries for the monthly payment related to my account, and to initiate, if necessary, credit entries and adjustments for any debit entries to my account at my financial institution named below.

Section II: Banking Information

Please check one: ☐ Checking ☐ Savings

Name of Bank: _____

Bank Address: _____

Routing Number: _____ Account Number: _____

NOTE: This authority is to remain in full force and effect until the account is paid in full, or MPACT has received written notification from me of its termination in such time and such manner as to afford MPACT and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that MPACT reserves the right to cancel this authorization and will notify me in writing of such action.

_____

Bank Account Holder Signature Date

Section III: Purchaser Checklist

- ☐ Have you included a voided check with this form?
- ☐ Have you made a copy of this form for your records?
- ☐ Have you sent any necessary payments to MPACT?
- ☐ Have you sent the completed original form to MPACT?

Attach Voided Check Here

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.

Lynn Fitch

STATE TREASURER

CONTINGENT PURCHASER FORM

- A Contingent Purchaser is the person to whom the MPACT Contract Purchaser's obligations and responsibilities under the Contract will be transfer in the event of the purchaser's death.
- A Contingent Purchaser must meet same eligibility requirements as the contract purchaser.
- To add or change the Contingent Purchaser, the current MPACT Contract Purchaser must complete all sections of this form. No fee is assessed when adding or changing a Contingent Purchaser.
- Completed form must be mailed to: MPACT P.O. Box 120, Jackson MS 39205-0120, or faxed to: 1-800-519-4652. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: (____)_____ Secondary Number: (____)_____

Section II: Contingent Purchaser Information

Please select one: ☐ New Contingent Purchaser
☐ Replace existing Contingent Purchaser

Name (First, MI, Last): _____

Social Security Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Primary Phone Number: (____)_____ Secondary Phone Number: (____)_____

_____

Contingent Purchaser Signature Date

Section III: Current Purchaser Signature

By executing this form I acknowledge that the designated contingent account owner meets all the eligibility requirements as the Contract Purchaser as defined in the Master Contract and in the event of my death he/she will assume all obligations and responsibilities of the Contract Purchaser.

_____

Current Purchaser Signature Date

Section IV: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a change/addition of a Contingent Purchaser on the above reference MPACT account on the date and for the purposes therein set forth.

_____

Notary Signature (Seal or Stamp) My Commission Expires

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.

Lynn Fitch
STATE TREASURER

PAYROLL DEDUCTION FORM

- Use this form if you want to authorize deductions from your paycheck to be automatically contributed to your MPACT Account(s) or to change a prior authorization. MPACT payments are after tax.
- Please review the checklist below on completing the Payroll Deduction Authorization.
- If you have any questions when completing this form, call us toll-free in Mississippi at 1-800-987-4450, Monday-Friday, 8 a.m. to 5 p.m. CT.
- **It is the responsibility of the MPACT Purchaser to ensure completion and set up of payment arrangements. You must make payments by check until you are notified that your automatic payments have been set up.**

Section I: Employer Information

Employer Name: _____

Payroll Contact Name: _____

Employer Contact Phone: _____

☐ I hereby authorize the above Employer to take a payroll deduction for my MPACT account. This authority shall remain in full force and effect until the Employer has received written notification from me or its termination in such time and in such manner as to afford the Employer and the Depository a reasonable time to act on it.

Section II: Employee Information

Employee Name (First, MI, Last): _____

Employee Phone Number: (____) _____ ☐ Hourly Employee ☐ Salary Employee

Employee Social Security Number: _____

Beneficiary Name (First, MI, Last): _____

MPACT Account Number: _____ Deduction Start Date: _____

Monthly Deduction Amount (equal to or greater than your MPACT monthly payment): _____

NOTE: A separate authorization agreement needs to be completed for each MPACT account. Please refer to your participation and Payment schedule to verify when payroll deduction should begin. MPACT payments are due in full the 1st day of each month and are late after the 15th day of each month.

_____

Employee Signature Date

Section III: Employee Checklist

☐ Has your employer agreed to offer Payroll Deductions for MPACT?
☐ Have you made a copy of this form for your records?
☐ Have you given a completed copy of this form to your payroll office?
☐ Have you sent the completed original form to MPACT?

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.

Lynn Fitch
STATE TREASURER

CHANGE OF PURCHASER DUE TO DEATH FORM

- Please complete all sections of this form and attach a copy of the Purchaser's death certificate.
- (a) If the current Purchaser had a last will and testament, attach a copy of the will (or a copy of provisions of the will addressing the appointment of an executor or executrix and any bequest relating to the MPACT contract). Also attach a copy of the Letters Testamentary issued by the court or the clerk of the court in which the will has been filed for probate. (b) If the current Purchaser did not have a last will and testament, attach a copy of the Letters of Administration issued by the court or the clerk of the court in which the current Purchaser's estate is being administered. (c) If the current Purchaser did not have a last will and testament and no estate proceeding is contemplated and the value of the entire estate does not exceed $50,000.00, attach a properly executed Affidavit consistent with the provisions of Section 91-7-322 of the Mississippi Code.
- All documentation listed above is required in order for the request to be process.
- Complete all sections of this form and remit with a twenty five dollar ($25.00) Change of Purchaser fee to: P.O. Box 120, Jackson, MS 39205-0120, or pay the plan change fee electronically through On-Line Account Access. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Contingent Purchaser Name (First, MI, Last) _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: ( ) _____ Secondary Number: ( ) _____

Section II: New Purchaser Information

Name (First, MI, Last): _____

Social Security Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Primary Phone Number: ( ) _____ Secondary Phone Number: ( ) _____

_____

New Purchaser Signature Date

Section III: New Contingent Purchaser Information

Name (First, MI, Last): _____

Social Security Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Primary Phone Number: ( ) _____ Secondary Phone Number: ( ) _____

_____

New Contingent Purchaser Signature Date

Section IV: Current Purchaser Signature

I acknowledge by executing this form that all rights and responsibilities of the above reference MPACT contract will be relinquished to the new purchaser.

_____

Executor Signature Date

(Continued on page two)

Section V: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a change of Purchaser on the above reference MPACT account on the date and for the purposes therein set forth.

Notary Signature	(Seal or Stamp)	My Commission Expires

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.

MACS Facts

Mississippi Affordable College Savings

In 2001 the Mississippi legislature created MACS, one of the state's 529 savings plans. MACS is an easy and flexible way to save for college expenses. The plan offers investment options that appeal to all types of investors, from the conservative investor (Guaranteed Option) to the aggressive investor (Diversified Equity Option), MACS has an option that is right for you.

MACS is adding a new
Target Allocation Option
on September 16, 2014.
This 5th investment option is designed for account owners who prefer a fixed risk level rather than a risk level that changes as the beneficiary ages.

For information on MACS go to www.treasurerlynnfitch.com

Join us on Saturday, September 20, 2014 at Renaissance in Ridgeland for our annual 5.29K Walk/Run and Fun Run. Visit the Treasury website to register.

Lynn Fitch
STATE TREASURER
COLLEGE SAVINGS MISSISSIPPI
| MACS |

MACS is...

- **Flexible**
  - **Pays for any qualified educational related expenses. (i.e. tuition, books, or room and board.)**
  - **Transferable to immediate family members.**
  - **Can be used at any accredited institution nationwide.**
  - **Has four investment options available.**
- **Affordable**
  - **Minimum contribution is $25 or $15 through payroll deduction.**
  - **Contribute as you see fit.**
- **Tax Deductible**
  - **Contributions may be deductible up to $10,000 for single filers and $20,000 for joint filers.**

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Account Application for an Individual Account

Use this form to open a Program Account by an Individual
Questions? Call toll-free 1-800-486-3670
P.O. Box 55037, Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- Before completing this form, read the *Plan Disclosure Booklet and Participation Agreement* (contained in the *Plan Disclosure Booklet*).
- You may invest in as many Investment Portfolios as you want as long as you meet the minimum for each investment portfolio.
- You must complete a separate *Account Application* for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date this form, then mail it to the Plan at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.

To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

1 Account Owner Information *(You must provide all requested information.)*

The Account Owner must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Legal Name (First, MI, Last, Suffix)

Residential Address (This must be a residential street address – a P.O. Box is not acceptable.)

City, State, Zip

Mailing Address(if different from above address, this address will be used for all account mailings)

Mailing Address City, State, Zip

- - - -

Social Security Number or Individual Taxpayer Identification Number *Date of Birth (mm-dd-yyyy)*

- -

Gender (M/F) *Contact Telephone Number*

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

2 Beneficiary Information *(You must provide all requested information.)*

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last, Suffix)

- - - -

Social Security Number or Taxpayer Identification Number *Gender (M/F)* *Date of Birth (mm-dd-yyyy)*

☐ ***Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.***

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

3 Contingent Account Owner *(optional)*

The Contingent Account Owner will become the Account Owner in the event of the Account Owner's death and must be eligible to become an Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number. Any designation made here may be changed or revoked at a future date.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number — *Gender (M/F)* — *Date of Birth (mm-dd-yyyy)*

☐ ***Check this box if the Contingent Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.***

Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

Residential Address City, State, Zip, Country (if foreign address)

Contact Number

4 Initial Contribution

To fund your MACS Account:

a. Tell us how you will make the initial contribution.

b. Select your Investment Option(s) and write the amount to be invested in each Option.

c. For contribution of proceeds from rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond, please complete section 4c below and include the required documentation with your application.

Questions? Call 1-800-486-3670 for assistance.

a. *Method of Contribution*

☐ ***Check*** *(Minimum $25 per Option)*

Make your check payable to the *Mississippi Affordable College Saving or MACS*, and include your check with this *Account Application*. Contributions are permitted by personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to MACS by you, and third-party personal checks up to $10,000 endorsed over to MACS. Checks must be drawn on a banking institution located in the United States and must be payable in U.S. dollars.

☐ ***Electronic Funds Transfer (EFT)*** *(Minimum $25 per Option)*

Please provide your banking information in Section 5a of this form.

☐ ***Automatic Contribution Plan (ACP)*** *(Minimum $25 per Option)*

Please complete Sections 5a and 5c to make regularly scheduled contributions to the Plan from your bank account.

☐ ***Rollover*** *(Minimum $25 per Option)*

- To rollover proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To rollover the proceeds you received from a redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Provide the breakdown of cost basis and earnings in 4c AND a statement from the other 529 plan with this form.

☐ ***Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)*** *(Minimum $25 per Option)*

Please provide the breakdown of cost basis and earnings in 4c AND submit a statement with these amounts with this form.

☐ ***Proceeds from the redemption of a qualified U.S. savings bond*** *(Minimum $25 per Option)*

Please provide the breakdown of cost basis and earnings in 4c AND submit a Form 1099 with these amounts with this form.

☐ ***Payroll Deduction*** *(Minimum $15 per Option)*

Please submit a Payroll Deduction Form along with this Account Application.

Note: This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing sections 5a and 5c to make regular contributions from your bank account.

b. *Select your Investment Option(s)*

Before selecting your Investment Option(s), be sure to read the *MACS Disclosure Booklet* for information about each Investment Option.

Deposit my Initial Contribution in:	Contribution Amounts *(See minimums above.)*
Managed Allocation Option (Age-based)	$, .
Diversified Equity Option (1968)	$, .

Deposit my Initial Contribution in:	Contribution Amounts *(See minimums above.)*
Fixed Income Option (2823)	$, .
Guaranteed Option (1967)	$, .
Aggressive Allocation Option (2283)	$, .
Moderate Allocation Option (2284)	$, .
Conservative Allocation Option (2285)	$, .
Total Contribution Amount	$, .

c. Provide your cost basis and earning breakdown for rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond

Cost Basis	$, .
Earnings	$, .
Total Rollover Amount	$, .

Note: Unless MACS receives an account statement from the distributing 529 plan or financial institution (or a Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your 529 plan rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as earnings and will be reported to the IRS as earnings when you make a withdrawal.

5 Banking Information *(optional, unless the Electronic Funds Transfer or Automatic Contribution Plan is selected in Section 4.)*

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected.

a. Bank Account Verification

You may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account *(check one):* ☐ Checking ☐ Savings	
Account Number:	***Routing Number:***
Name(s) on Account *(The Custodian or Beneficiary name must appear on the bank account.)*	
Bank Name:	***Telephone Number:***

b. Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

☐ *I do NOT elect the Electronic Purchase Option.*

c. Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information below.

✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in: *(write in the Investment Option(s) name)*	**Contribution Amounts**
	$, . 0 0
	$, . 0 0
	$, . 0 0
	$, . 0 0
	$, . 0 0
Total Contribution Amount	$, . 0 0

✓ **Select the frequency of your contributions.**
If none selected, then your bank withdrawals will occur monthly.

☐ Bi-weekly	☐ Monthly	☐ Quarterly

✓ **Select the month(s) of your contributions.**
If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

✓ **Select the date(s) of your contributions.**
If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

☐ 5th	☐ 20th	☐ Other _____

6 Optional Information

You are not required to complete this section to open a MACS Account.

How did you hear about MACS? *(Check one or more.)*

☐ Direct Mail ☐ E-mail ☐ Employer ☐ TIAA-CREF ☐ Colleague ☐ Other
☐ Television Commercial ☐ Radio ☐ Print Ad ☐ Financial Advisor ☐ Family or Friend ☐ MACS Representative

What is your total family income?

☐ Less than $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $75,000 ☐ $75,001 - $100,000
☐ $100,001 - $150,000 ☐ $150,001 - $200,000 ☐ Over $200,000

What aspect of the Program is most appealing to you? *(Check one or more.)*

☐ Tax advantages ☐ Flexibility ☐ Estate planning ☐ Professional money management

Would you like to receive TIAA-CREF materials unrelated to MACS?

☐ By checking this box, I am opting to receive TIAA-CREF materials unrelated to MACS.

7 Signature and Certification *(You must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the MACS *Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize MACS to open this Account based on this information
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I have received, read and understand the MACS *Disclosure Booklet*, including the *Participation Agreement*, and I understand that MACS may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- I agree to any electronic or telephonic functionality provided by MACS upon establishment of this account. If I have provided banking information in Section 4, I authorize MACS to debit my bank account and to deposit such funds into my Account. I further agree that neither MACS nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

Signature of Account Owner *Date*

I will retain a copy of this *Account Application*, the *Disclosure Booklet* and *the Participation Agreement* (contained in the *Disclosure Booklet*) with my records.

Financial Services

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13175
9/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Change of Account Owner/Beneficiary Form
(for Individual and Entity Accounts only)

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

Instructions

- Please read the Program *Disclosure Booklet*, including the *Participation Agreement*, before changing the Account Owner and/or Beneficiary on a Program Account. You may also wish to consult with your financial, legal and/or tax advisor before completing this form.
  - *If a change of Account Owner is requested*, the new Account Owner must submit an *Account Application*, along with this form (unless the new Account Owner already maintains a Program Account for the Beneficiary). An Account Owner may establish only one Account for a Beneficiary in the Program.
  - *If a change of Beneficiary is requested*, the new Beneficiary must be a "member of the family" of the previous Beneficiary, as described in Section 529 of the Internal Revenue Code. A change of Beneficiary is not permissible for custodial accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).
- A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp[1] is required in Section 6 for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. In addition, unless a Medallion Signature Guarantee is affixed to this form, **any** change of Account Owner or change of address will result in a 30-day hold on withdrawals from the Account. See the *Important Information* at the end of this form.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

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 Current Account Information *(You must provide complete information.)*

Account Number (Refer to your Account Statement)

Account Owner Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

2 New Account Owner Information *(You must provide complete information or the new Account cannot be opened.)*

An Account Owner must meet the requirements set forth in the Disclosure Booklet and must have a Social Security Number or Taxpayer Identification Number. Unless otherwise indicated in Section 4, the balance in all existing Program Investment Portfolios will be transferred into an Account in the new Account Owner's name.

☐ **Check this box if the new Account Owner already maintains a Program Account with the Beneficiary named in Section 1 and provide the existing account number below.** If none exists, the new Account Owner must submit an *Account Application* along with this form. An Account Owner may establish only one Account for a Beneficiary in the Program

Account Number, if any. (Refer to your Account Statement).

New Account Owner Name (First, MI, Last, Suffix), or Entity Name

Residential Address or if Entity Principal Place of Business or Local Office (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip

( ) -

Contact Number

Important Information about a Change of Account Owner

By completing this form, you intend to grant ownership of this Account to the designated new Account Owner. You revoke all rights to this Account and the new Account Owner is entitled to all benefits of account ownership upon establishment of the new Account. Only one Account may be opened for each Account Owner/Beneficiary.

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[1] Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **may not** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Contact your bank or broker, if needed.

3 New Beneficiary Information *(You must provide complete information or the new Account cannot be opened.)*

The Beneficiary must be a U.S citizen or resident alien and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Unless otherwise indicated in Section 3, all existing Investment s will be transferred into an Account in the new Beneficiary's name.

☐ **Check this box if the Account Owner already maintains a Program Account for the Beneficiary named below and provide the existing account number below.** An Account Owner may establish only one Account for a Beneficiary in the Program.

New Beneficiary Information

Account Number, if any. (Refer to your Account Statement).

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

Social Security Number or Taxpayer Identification Number - -

Gender (M/F)

Date of Birth (mm-dd-yyyy) - -

Account Owner's Relationship to Beneficiary (optional)

☐ Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Address (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

Important Information about a Change of Beneficiary

By completing this form, you intend to change the Beneficiary to a "member of the family" of the current Beneficiary, as defined by Section 529 of the Internal Revenue Code. This change is not permissible if it would cause the total account balance of the new Beneficiary's Account to exceed the Maximum Contribution Limit for that Beneficiary. Please refer to the Plan Disclosure Booklet for the Maximum Contribution Limit. You will be notified if the intended change would cause this limit to be exceeded. Only one Account may be opened for each Account Owner/Beneficiary.

4 Transfer Amount FROM each Investment Option *(Check only one box.)*

Tell us how much to transfer from this Account. Write a specific amount or percentage next to each Investment Option to be transferred.

Investment Option Name	Indicate the Outgoing Amount *(in dollars OR percentage)*	
	Dollars	Percentage
Managed Allocation Option (Age-based)	$, .	.00%
Diversified Equity Option (1968)	$, .	.00%
Fixed Income Option (2823)	$, .	.00%
Guaranteed Option (1967)	$, .	.00%
Aggressive Allocation Option (2283)	$, .	.00%
Moderate Allocation Option (2284)	$, .	.00%
Conservative Allocation Option (2285)	$, .	.00%
Total OUTGOING Amount	$, .	

5 Transfer Amount TO each Investment Option *(Complete only one column.)*

Select your Investment Option(s) on the following page by indicating the incoming transfer amount you would like credited to each option in dollars or as a percentage of the **TOTAL** amount being transferred.

- If you indicate the amount in dollars, the Total Incoming Amount must equal the Total Outgoing Amount in Section 4.
- If you indicate the amount as a percentage, the total allocation must equal 100%.

Investment Option Name	Indicate the Outgoing Amount *(in dollars OR percentage)*	
	Dollars	Percentage
Managed Allocation Option (Age-based)	$, .	.00%
Diversified Equity Option (1968)	$, .	.00%
Fixed Income Option (2823)	$, .	.00%

Investment Option Name	Indicate the Outgoing Amount *(in dollars OR percentage)*	
	Dollars	Percentage
Guaranteed Option (1967)	$, .	.00%
Aggressive Allocation Option (2283)	$, .	.00%
Moderate Allocation Option (2284)	$, .	.00%
Conservative Allocation Option (2285)	$, .	.00%
Total INCOMING Amount	$, .	

6 Signature and Authorization *(This section must be signed for this change to take effect.)*

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this form, unless he/she already maintains a Program Account for the Beneficiary and I have provided the existing account number in Section 2
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Program Account Application for my current Beneficiary and 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. I understand that my existing banking information and contingent account owner information, if any, will be copied to the new account.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

Medallion Signature Guarantee – if applicable

Important Information

If you are *changing the Account Owner*, a Medallion Signature Guarantee is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. If you are *changing the Beneficiary*, a Signature Validation Program (SVP) Stamp is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. Unless a Medallion Signature Guarantee appears below, any change of the Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account.

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 or Signature Validation Program Stamp will be affixed to this form. **Note**: The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

Guarantor to AFFIX STAMP HERE

TIAA CREF
Financial Services

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13181
MS TRN 09/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS 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 the original form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- Your current 529 plan provider may request additional paperwork, may assess a fee, or require a Medallion Signature Guarantee[1] to complete your request for a rollover. To avoid delays, contact your current Qualified Tuition Program for instructions before mailing this form to the *Plan*
- 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

Investment Option and MACS Account Number (Leave blank for a new MACS Account.)

Account Owner Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

Beneficiary Name (First, MI, Last, Suffix)

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 ($25 minimum per Option)	Select your Investment Options		
	Provide amount ($ or %)		New option?
Managed Allocation Option (Age-based)	$	.00%	☐ Yes OR ☐ No
Diversified Equity Option (1968)	$	.00%	☐ Yes OR ☐ No
Fixed Income Option (2823)	$	.00%	☐ Yes OR ☐ No
Guaranteed Option (1967)	$	.00%	☐ Yes OR ☐ No
Aggressive Allocation Option (2283)	$	.00%	☐ Yes OR ☐ No
Moderate Allocation Option (2284)	$	.00%	☐ Yes OR ☐ No
Conservative Allocation Option (2285)	$	.00%	☐ Yes OR ☐ 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**.

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

Account Owner Social Security or Taxpayer Identification Number

Account Owner Name (First, MI, Last)

Beneficiary Name (First, MI, Last)

[1] Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

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.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

Signature of Account Owner or Authorized Representative *Date (month, day, year)*

Medallion Signature Guarantee Information

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 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 medallion 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

A13185

9/2014

TIAA CREF
Financial Services

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Electronic Banking 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 add, change or stop the Automatic Contribution Plan (ACP) and/or Electronic Purchase Option on your Account, or to add or change your bank account information for contributions by electronic bank transfer.
- A Signature Validation Program (SVP) Stamp is required for entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 5[1].
- Unless a Signature Validation Program Stamp (SVP) (or Medallion Signature Guarantee)[2] is affixed to this form, any change in your bank account information will result in a 30 day hold on withdrawals from your Plan Account to the new/modified bank account.
- Print in all capital letters using blue or black ink.

Forms may be downloaded at the Plan's website at www.MS529.com or you may call the Plan toll-free at 1.800-486-3670 to order forms, perform certain account transactions, or to get help completing a form.

1 Account Information *(You must provide all requested information.)*

Account Number (Refer to your statement.)

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

Beneficiary Name (First, MI, Last, Suffix)

2 What would you like to do? *(Check all that apply.)*

A. Automatic Contribution Plan (ACP) –
Make pre-scheduled, recurring contributions to your Account directly from your bank account.
Allow up to 10 business days to initiate or modify ACP.

- ☐ **Establish** ACP *(Complete Sections 3, 4 and 5)*
- ☐ **Modify** ACP *(Complete Sections 3 and 5)*
- ☐ **Change** banking *(Complete Sections 4 and 5)*
- ☐ **Delete** ACP *(Check this box and complete Section 5)*

B. Electronic Purchase Option
Make one-time purchases or withdrawals from or to your bank account.

- ☐ **Allow** on my Account *(Complete Sections 4 and 5)*
- ☐ **Change** banking *(Complete Sections 4 and 5.)*
- ☐ **Delete** this Option *(Check this box and complete Section 5.)*

3 Automatic Contribution Plan (ACP) Instructions

If you elect to participate in the Automatic Contribution Plan (ACP), funds will automatically be transferred from your bank account in the amount and frequency you indicate below. Provide all requested information in this section. If you do not already contribute to the Investment Portfolio you select, check the appropriate box and a new Investment Portfolio will be opened for you.
It can take up to 10 business days to initiate ACP.

✓ **Select the frequency of your contributions.**
If none selected, then your bank withdrawals will occur monthly.

☐ Bi-weekly	☐ Monthly	☐ Quarterly

✓ **Select the month(s) of your contributions.**
If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

[1] Signature Validation Program (SVP) Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

[2] Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

✓ **Select the date(s) of your contributions.**
If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

☐ 5th	☐ 20th	☐ Other _____

✓ **Select how you would like your contribution allocated, and the total amount.**
This amount will be automatically withdrawn from your bank account on the frequency you indicated on the previous page.

Investment Options *(Option Number)*	**Is this a new Investment Option?**	**Contribution Amount(s)**
Managed Allocation Option (Age-based)	☐ Yes OR ☐ No	$, .
Diversified Equity Option (1968)	☐ Yes OR ☐ No	$, .
Fixed Income Option (2823)	☐ Yes OR ☐ No	$, .
Guaranteed Option (1967)	☐ Yes OR ☐ No	$, .
Aggressive Allocation Option (2283)	☐ Yes OR ☐ No	$, .
Moderate Allocation Option (2284)	☐ Yes OR ☐ No	$, .
Conservative Allocation Option (2285)	☐ Yes OR ☐ No	$, .
Total Contribution Amount		$, .

4 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Portfolio you have selected above. To verify your bank account, you may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. Complete this section only if you are establishing ACP or Electronic Purchase Option for your account OR if you want to change your bank account information. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account *(check one):* ☐ Checking ☐ Savings	
Account Number:	***Routing Number:***
Name(s) on Account *(The Account Owner, Custodian or Entity name must appear on the bank account.)*	
Bank Name:	***Telephone Number:***

5 Signature and Authorization *(You must sign this section for these changes to take effect.)*

- I certify that all of the information provided by me on this form is true, complete and accurate.
- I certify that I have the authority to transact on the bank account listed by me in Section 4.
- I authorize the *Mississippi Affordable College Savings Plan* (MACS) to act on my instructions above, including to debit my bank account and to deposit such funds into my Plan Account, or to cease such debits, as requested on this form.
- If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby authorize the financial institution holding the bank account to process any such debits to my Account without responsibility for the accuracy of the transaction. I further agree that neither MACS nor its agents or contractors will be liable for any loss, liability, cost or expense for acting upon these instructions.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity *Date*

Important Information

A Signature Validation Program Stamp is required for all entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. 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 validation stamp will be provided.

Note: The Signature Validation Program Stamp is not required if a *MACS Power of Attorney Form* is on file for an Individual Account, or if a *MACS Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13182
9/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Account Application for an Entity Account

Use this form for Trust, Estate, Business Entity, 501(c)(3) Organization, or State or Local Government or Agency Accounts

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

Instructions

- Before completing this form, read the *MACS Disclosure Booklet* and *Participation Agreement* (contained in the *Disclosure Booklet*).
- You may invest in as many Investment Option(s) as you want as long as you meet the minimum for each Investment Option.
- You must complete a separate *Account Application* for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date this form, then mail it to the Plan at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.

To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

1 Entity Account Owner Information *(You must provide all requested information or the Account cannot be opened.)*

Entity Account Owners are required to provide additional documentation to open an Account, as described in the *Plan Disclosure Booklet* and *Participation Agreement*. Please refer to the *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners* that accompany this *Account Application*.

Type of Entity *(check one)*

- ☐ Trust or Estate (Foreign Trusts not eligible.)
- ☐ Business Entity (Corporation, Partnership, Sole Proprietorship, Company or Association)
- ☐ Internal Revenue Section IRC §501(c) (3) Organization
- ☐ State or Local Government, or Agency or Instrumentality thereof

Type of Account *(check one)*

- ☐ Entity Account for Named Beneficiary
- ☐ Qualified Scholarship Account for Named Beneficiary
- ☐ Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c) (3) Organization)

Entity Name

Principal Place of Business or Local Office Address (This must be a street address – a P.O. Box is not acceptable.)

City, State, Zip

Mailing Address, if different from above address

Mailing Address City, State, Zip

- -

Social Security Number or Taxpayer Identification Number

- -

Contact Telephone Number

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

2 Authorized Representatives *(You must provide all requested information.)*

An entity Account Owner must designate one or more authorized representative(s) to act on its behalf and each must have a Social Security Number or Taxpayer Identification Number. Up to two authorized representatives may be listed below and you may attach an additional page, if needed.

Authorized Representative, or Trustee, Information - 1

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Individual Taxpayer Identification Number — Date of Birth (mm-dd-yyyy)

Gender (M/F) — Contact Telephone Number

Authorized Representative, or Trustee, Information – 2

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Individual Taxpayer Identification Number — Date of Birth (mm-dd-yyyy)

Gender (M/F) — Contact Telephone Number

3 Beneficiary Information

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Note: A Beneficiary must be named for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) that will name a Beneficiary in the future.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number — Gender (M/F) — Date of Birth (mm-dd-yyyy)

☐ ***Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.***

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

4 Initial Contribution

To fund your MACS Account:

a. Tell us how you will make the initial contribution.

b. Select your Investment Option(s) and write the amount to be invested in each Option.

c. For contribution of proceeds from rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond, please complete section 4c below and include the required documentation with your application.

Questions? Call 1-800-486-3670 for assistance.

a. *Method of Contribution*

☐ ***Check*** *(Minimum $25 per Option)*

Make your check payable to the *Mississippi Affordable College Saving or MACS,* and include your check with this *Account Application*. Contributions are permitted by personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to MACS by you, and third-party personal checks up to $10,000 endorsed over to MACS. Checks must be drawn on a banking institution located in the United States and must be payable in U.S. dollars.

☐ ***Electronic Funds Transfer (EFT)*** *(Minimum $25 per Option)*

Please provide your banking information in Section 5a of this form.

☐ ***Automatic Contribution Plan (ACP)*** *(Minimum $25 per Option)*

Please complete Sections 5a and 5c to make regularly scheduled contributions to the Plan from your bank account.

☐ ***Rollover*** *(Minimum $25 per Option)*

- To rollover proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To rollover the proceeds you received from a redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Provide the breakdown of cost basis and earnings in 4c AND a statement from the other 529 plan with this form.

☐ ***Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)*** *(Minimum $25 per Option)*
Please provide the breakdown of cost basis and earnings in 4c below AND submit a statement with these amounts with this form.

☐ ***Proceeds from the redemption of a qualified U.S. savings bond*** *(Minimum $25 per Option)*
Please provide the breakdown of cost basis and earnings in 4c below AND submit a Form 1099 with these amounts with this form.

b. Select your Investment Option(s)

Before selecting your Investment Option(s), be sure to read the *MACS Disclosure Booklet* for information about each Investment Option.

Deposit my Initial Contribution in:	**Contribution Amounts** *(See minimums above.)*
Managed Allocation Option (Age-based)	$, .
Diversified Equity Option (1968)	$, .
Fixed Income Option (2823)	$, .
Guaranteed Option (1967)	$, .
Aggressive Allocation Option (2283)	$, .
Moderate Allocation Option (2284)	$, .
Conservative Allocation Option (2285)	$, .
Total Contribution Amount	$, .

c. Provide your cost basis and earning breakdown for rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond

Cost Basis	$, .
Earnings	$, .
Total Rollover Amount	$, .

Note: Unless MACS receives an account statement from the distributing 529 plan or financial institution (or a Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your 529 plan rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as earnings and will be reported to the IRS as earnings when you make a withdrawal.

5 Banking Information *(optional, unless the Electronic Funds Transfer or Automatic Contribution Plan is selected in Section 4.)*

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option.

a. Bank Account Verification

You may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account *(check one):*	☐ Checking ☐ Savings
Account Number:	***Routing Number:***
Name(s) on Account *(The Custodian or Beneficiary name must appear on the bank account.)*	
Bank Name:	***Telephone Number:***

b. Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

☐ *I do NOT elect the Electronic Purchase Option.*

c. *Automatic Contribution Plan (ACP)*

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information below.

✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in: *(write in the Investment Option(s) name)*	**Contribution Amounts**
	$, . 0 0
	$, . 0 0
	$, . 0 0
	$, . 0 0
	$, . 0 0
Total Contribution Amount	$, . 0 0

✓ **Select the frequency of your contributions.**

If none selected, then your bank withdrawals will occur monthly.

☐ Bi-weekly ☐ Monthly ☐ Quarterly

✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

☐ 5th ☐ 20th ☐ Other _____

6 Optional Information

You are not required to complete this section to open a MACS Account.

How did you hear about the Plan? (Check one or more.)

☐ Direct Mail ☐ E-mail ☐ Employer ☐ TIAA-CREF ☐ Colleague ☐ Other
☐ Television Commercial ☐ Radio ☐ Print Ad ☐ Financial Advisor ☐ Family/ Friend ☐ Plan Representative

What aspect of the Plan is most appealing to you? *(Check one or more.)*

☐ Tax advantages ☐ Flexibility ☐ Estate planning ☐ Professional money management

Would you like to receive TIAA-CREF materials unrelated to the Plan?

☐ By checking this box, I am opting **not** to receive TIAA-CREF materials unrelated to the Plan.

7 Signature and Certification *(An Authorized Representative must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the Plan *Disclosure Booklet*). I understand and agree that the terms of those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based on this information.
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*, and I understand that the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I agree to any electronic or telephonic functionality provided by MACS upon establishment of this account. If I have provided banking information in Section 5, I authorize MACS to debit my bank account and to deposit such funds into my Account. I further agree that neither MACS nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

Signature of Authorized Representative of Entity *Date*

I will retain a copy of this *Account Application*, the *Disclosure Booklet* and the *Participation Agreement* (contained in the *Disclosure Booklet*) with my records.

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13176
9/2014

Lynn Fitch
STATE TREASURER

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with your *Account Application* to open an Account.

These documents are required to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
Corporation	▪ Certified Articles of Incorporation or a government issued business license.
Trust	▪ Copy of the first and last pages of the Trust Instrument, and the Certificate of Incumbency
Partnership	▪ Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	▪ Copy of the LLC Agreement
Estate	▪ Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501 (c) (3)	▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).

You may also be required to provide additional substantiation to open and transact business in this Account.

Please refer to the *List of Approved Documents for Substantiation by Entity Account Owners* on the following page.

Lynn Fitch
STATE TREASURER

List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an entity Account Owner when opening a Program Account or when conducting a transaction for that Account. Such documentation must include the following:

- **the legal status of the entity;**
- **authorization by the entity to open the Account or conduct the transaction; and**
- **authorization by the entity for the signer of the form to open the Account or conduct the transaction.**

The same document may provide substantiation of all three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Program administrator's designee for consideration. The Program administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
    - ***If judged authentic and complete,*** the Program administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
    - ***If judged inauthentic or incomplete,*** the Program administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Annual Rebalance 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 transfer among investment Options in your account. You may transfer funds within your Mississippi Affordable College Savings Plan (MACS) Account once per calendar year (or upon a change of Beneficiary to a Member of the Family). The restriction that limits transfers among Investment Options to one transfer per year applies to the entire Program. A transfer of funds to or from an account in the MACS Advisor Program for the same Beneficiary will be considered a transfer among Investment Options for purposes of this restriction.
- If a new Investment Option is opened, then a different option number will be assigned to the Account and new investment coupons will accompany your next quarterly statement.
- Print in capital letters using blue or black ink, sign and date the form. A Signature Validation Program (SVP) Stamp[1] may be required as described in Section 3.
- Mail the original form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- 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 Current Account Information *(You must provide complete information.)*

Account Number (Refer to your Account Statement)

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

Beneficiary Name (First, MI, Last, Suffix)

2 Rebalance amount FROM each Investment Option

You can transfer all or a portion of your Account. For a FULL TRANSFER, please enter the dollars or percentages or simply write the word 'All' in the Rebalance From column for each Investment Option(s) you currently own and want to transfer funds from. For a PARTIAL transfer, enter the dollars or percentages in the Rebalance From column for each of the Investment Option(s) you currently own and want to transfer funds from..

In the Rebalance To Column, select the Investment Option(s) you want to transfer the funds to by entering a percentage next to each of the receiving Investment Option(s). The total amount indicated in the Rebalance From column will be applied to the receiving Investment Option(s) as per the percentage you indicate in the Rebalance To column.

Rebalance FROM *(in Dollars OR percentage)*		**Investment Option Name** (Fund Code)	**Rebalance TO**	**Is this a new Investment Option?**
Dollars or ALL	**Percentage**		**Percentage**	
	%	Managed Allocation Option (Age based)	%	☐ Yes OR ☐ No
	%	Diversified Equity Option (1968)	%	☐ Yes OR ☐ No
	%	Fixed Income Option (2823)	%	☐ Yes OR ☐ No
	%	Guaranteed Option (1967)	%	☐ Yes OR ☐ No
	%	Aggressive Allocation Option (2283)	%	☐ Yes OR ☐ No
	%	Moderate Allocation Option (2284)	%	☐ Yes OR ☐ No
	%	Conservative Allocation Option (2285)	%	☐ Yes OR ☐ No

[1] A Signature Validation Program (SVP) Stamp is 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 **may not** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Signature and Authorization *(This section must be signed for this change to take effect.)*

By signing this form, I authorize the transfer of funds from my current Investment Option(s) to the new Investment Option(s).

I certify that I have read the Plan Disclosure Booklet and the Participation Agreement and that I understand the terms, including the rules and regulations governing transfers of existing assets in my Account.

I understand that a transfer of funds among Investment Option(s) for my Account can only be requested once each calendar year. I have not requested a transfer in this Account at any prior time during the current calendar year.

If I am participating in the Automatic Contribution Plan (ACP) my participation in ACP will be cancelled if I have requested a rebalance of the entire balance from the Investment Option receiving the ACP contributions, but it will continue as previously designated if I have only requested a partial rebalance from the Investment Option unless an *Electronic Banking Information Form* accompanies this form.

If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into my previously designated Investment Option(s) unless I notify my employer that I want to stop or change the amount of my payroll deduction or I advise the Plan that I wish to change the allocation of my payroll deduction contributions by completing a Direct Deposit Allocation Form.

I understand that this annual transfer of funds will become effective upon the Plan's receipt of this form in good order.

I certify that I am the Account Owner or the Custodian, or I have the authority to act as the Account Owner.
(If I am an individual acting in a legal capacity as a representative of the individual Account Owner or an entity Account Owner, a Signature Validation Program Stamp appears below.)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

Important Information – Medallion Signature Guarantee A Signature Validation Program (SVP) Stamp is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Participant. 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 Validation Program Stamp will be provided.
Note: A Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

Guarantor to Affix Stamp Here:

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13180

9/2014

TIAA CREF
Financial Services

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings Program
Durable Power of Attorney and Indemnification

Agreement For Power of Attorney Registration

Questions? Call toll-free 1.866.486.3670
P.O. Box 55037, Boston, MA 02205-5037
Visit *www.MS529.com*

WARNING TO PERSON EXECUTING THIS DOCUMENT: This is an important legal document. It creates a power of attorney that provides the person you designate as your attorney-in-fact with the broad powers it sets forth. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

Account Owner _____

Mississippi Affordable College Savings Program (MACS) Account Number(s): _____

Home Phone: ( ) _____

I, _____ of _____ do hereby make, constitute and appoint _____
whose specimen signature is _____
and whose address is _____
my true and lawful Attorney-in-Fact. All references herein to my Attorney-in-Fact shall be to such person or his or her successors.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY-IN FACT SHALL NOT TERMINATE IF I LATER BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant to my Attorney-in-Fact the power to act on my behalf with respect to the above referenced MACS account(s), such power to be used for my benefit and to be exercised by my Attorney-in-Fact only in a fiduciary capacity. Specifically, my Attorney-in-Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced MACS account(s); to withdraw, now or in the future, any funds from the above referenced MACS account(s); to change the beneficiary of the above-referenced MACS account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced MACS account(s).

I hereby agree to indemnify and hold State Street Bank and Trust Company (State Street), Boston Financial Data Services, Inc. (Boston Financial), TIAA-CREF Tuition Financing, Inc. or any of its affiliates, and the MACS program harmless from acting upon instructions, either oral or in writing, be MACS account(s).

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Boston Financial and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and TIAA-CREF Tuition Financing, Inc. or any of its affiliates, State Street, Boston Financial, and the MACS program shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.
Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a

statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20____.

_____
Signature of Grantor of Power of Attorney

(STATE OF Mississippi ss.
COUNTY OF _____)

This instrument was acknowledged before me on _____ (date)
by_____
(name of person).

_____
Notary Public (Seal)
My term expires: _____

AFFIDAVIT OF ATTORNEY-IN-FACT

(STATE OF Mississippi ss.
COUNTY OF _____)

I, _____, of lawful age, being duly sworn on his oath says that _____, as principal, who resides at _____ _____ did on this ___ day of _____, 20 __ appoint me true and lawful attorney by the foregoing instrument hereby made a part hereof.

_____
Signature of Attorney-In-Fact

Subscribed and sworn to before me this ____ day of _____, 20____.

_____
Notary Public (Seal)

My commission expires: _____

A13414
MSPOA 09/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Additional Contribution by Mail

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 make an additional contribution to your Account by check, or to contribute proceeds from (i) the rollover of another Qualified Tuition Plan (QTP) account, (ii) withdrawal from a Coverdell Education Savings Account (Coverdell ESA), or (iii) the redemption of a qualified U.S. savings bond. Depending on the source of your contribution, you must submit additional documentation (see below).
- A separate *Additional Contribution Form* is required for each Beneficiary Account.
- 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 02205-5037.
- Forms may be downloaded at the Plan's web site at www.MS529.com or you may call MACS toll-free at 1-800-486-3670 to order forms, perform certain account transactions, or for assistance completing a form.

1 Account Information *(Refer to your Account statement.)*

-

Investment Option and MACS Account Number (Provide any one from your statement.)

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

Beneficiary Name (First, MI, Last, Suffix)

2 Source of Contribution *(Check one or more, if applicable.)*

Make checks payable to, or appropriately endorse to, *Mississippi Affordable College Savings or MACS.*

Contributions are permitted by personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to the Account Owner and endorsed over to MACS by the Account Owner, and third-party personal checks up to $10,000 endorsed over to MACS. Checks must drawn on a banking institution located in the U.S. and must be payable in U.S. dollars.

☐ ***Check***

Indicate the amount of your contribution into the selected Investment Option(s) in Section 3 and enclose your contribution check(s), payable to *Mississippi Affordable College Savings or MACS*, along with this *Additional Contribution Form*.

☐ ***Indirect Rollover***

To rollover the proceeds from the redemption of another Qualified Tuition Plan account (QTP), indicate the amount you are contributing into the Investment Option(s) in Section 3, and submit a check for the amount along with this form. The check must be received within 60 days of the date you received the withdrawal proceeds from the QTP account. Provide the breakdown of cost basis and earnings in the box below and submit a statement from your former Qualified Tuition Plan along with this form.

☐ ***Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)***

Indicate the amount you are remitting from your Coverdell Education Savings Account (Coverdell ESA) into the selected Investment Option(s) in Section 3, and submit your check for the amount with this form. Provide the breakdown of cost basis and earnings in the box below and submit an account statement with these amounts along with your check and this form.

☐ ***Proceeds from the redemption of a qualified U.S. savings bond***

Indicate the amount you are remitting from the redemption of your qualified U.S. savings bond into the selected Investment Option(s) in Section 3 and submit your check for the amount with this form. Provide the breakdown of cost basis and earnings below and submit a Form 1099 with these amounts along with your check and this form.

Cost Basis	$, .
Earnings	$, .
Total Amount	$, .

Note: Unless MACS receives an account statement (or, Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your QTP rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as taxable earnings upon withdrawal.

3 Investment Option Information *(You must complete this section or your contribution may be rejected.)*

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

Investment Options *(Option Number)*	**Is this a new Investment Option?**	**Contribution Amount(s)**
Managed Allocation Option (Age-based)	☐ Yes OR ☐ No	$, .
Diversified Equity Option (1968)	☐ Yes OR ☐ No	$, .
Fixed Income Option (2823)	☐ Yes OR ☐ No	$, .
Guaranteed Option (1967)	☐ Yes OR ☐ No	$, .
Aggressive Allocation Option (2283)	☐ Yes OR ☐ No	$, .
Moderate Allocation Option (2284)	☐ Yes OR ☐ No	$, .
Conservative Allocation Option (2285)	☐ Yes OR ☐ No	$, .
	Total Contribution Check(s)	$, .

TIAA CREF
Financial Services

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13179
9/14

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Account Services 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 update Account Owner or Beneficiary's information, update an account address, or to add/change a Contingent Account Owner or Interested Party on your account.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Sections 2 and 5, or if you intend to withdraw funds within 30 days of an address change. *Please see the* **Important Information** *on the next page for additional instructions.*
- Print in capital letters with 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 for assistance completing a form.

1 Account Information *(You must provide complete information.)*

-

Investment Option and MACS Account Number (Provide any one from your statement.)

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

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply to you.)*

Please provide the new information exactly as you want it to appear on your account.

> **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 4.
> **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

- -

Account Owner's Date of Birth (mm-dd-yyyy)

- -

Beneficiary's Date of Birth (mm-dd-yyyy)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

- -

Account Owner's Social Security Number or Tax ID Number

- -

Beneficiary's Social Security Number or Tax ID Number

> **Address or Telephone Number: Documentation is not required.** (You may also make these changes by telephone.)

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

( ) -

Contact Number

E-mail Address

---

[1] Signature Validation Program (SVP) Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien at least 18 years of age at the time of account transfer. The Contingent Account Owner must have a valid Social Security or Taxpayer Identification Number.

Note: A Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

☐ **Add** a new Contingent Account Owner Designation

☐ **Change** an Existing Contingent Account Owner Designation

☐ **Remove** an Existing Contingent Account Owner Designation

Name of Contingent Account (First, MI, Last, Suffix)

___ - ___ - ____ ☐ __ - __ - ____

Social Security Number or Individual Taxpayer Identification Number *Date of Birth (mm-dd-yyyy)*

4 Add, Change or Remove Interested Party

Complete this section to add, change or remove a person designated to receive duplicate copies of quarterly statements for your account.
Please check the appropriate box:

☐ **Add** ☐ **Replace** ☐ **Remove**

Name of Person to Receive Duplicate Statements

Company Name (if applicable)

Mailing Address

City, State, Zip

5 Signature and Authorization *(This section must be signed for these changes to take effect.)*

I certify that the information provided in this form is true, complete, and accurate in all respects. A Signature Validation Program Stamp[1] appears below if (i) I am requesting a legal name change or (ii) I am an individual acting in a legal capacity as a representative of the Account Owner or (iii) I am an Entity Account Owner or (iv) I am changing the account address and intend to withdraw funds within the next 30 days.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

Important Information

A Signature Validation Program Stamp is required for all entity Accounts, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. 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 Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required if a *MACS Power of Attorney Form* is on file or accompanies this form. This applies to Individual Accounts only.

AFFIX SVP STAMP HERE

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13178

9/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings Program

Authorized Agent/Interested Person Form

Questions? Call toll-free 1.888.486.3670
Or write to the Plan at P.O. Box 55037 Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- Use this form to authorize someone to be your Agent/Interested Person who may (i) call the Plan to receive information about your Plan Account(s), (ii) receive duplicates of your confirmations and/or Account statements, and/or (iii) request the annual transfer of existing assets among investment options in your Plan Account(s).
- Print in capital letters with blue or black ink.
- Mail the completed form to: Mississippi Affordable College Savings Program PO Box 55037 Boston, MA 02205-5037.
- A notarization is required under Section 5 must accompany this form in order for the Plan to process your request.
- Forms may be downloaded at the Plan's web site at **www.MS529.com** or you may call the Plan toll-free at 1.888.486.3670 to order forms, perform certain account transactions, or to get help completing a form.

1. Account Information *(This information is required. Attach a separate sheet for additional account numbers and Beneficiaries, if needed.)*

Account Owner Name (First, MI, Last, Suffix),

Contact Telephone Number - -

Account Number (Refer to your Account Statement) *Beneficiary Name (First, MI, Last)*

Account Number (Refer to your Account Statement) *Beneficiary Name (First, MI, Last)*

Account Number (Refer to your Account Statement) *Beneficiary Name (First, MI, Last)*

2. Agent/Interested Person's Information *(You must provide **all** requested information.)*

Name

Address

City, State, Zip

Contact Telephone Number - - *Ext.*

Social Security Number - -

3. Authorization *(Please specify level of access.)*

I authorize the Mississippi Affordable College Savings Program to allow the Agent/Interested Person appointed by me in Section 2 to do the following:

☐ Call the Plan to request information regarding my Plan Account(s) listed in Section 1.

☐ Receive duplicates of the following documents related to my Plan Account(s) listed in Section 1.
(Please check only one box.)

[ ] Confirmations [ ] Account Statements [ ] Both Confirmations and Account Statements

☐ Request the once per year annual transfer of existing assets among investment options in each of my Plan Account(s) listed in Section 1.

Note: To authorize different levels of authority for each/any of the Accounts listed in Section 1, please complete a separate form for each Account.

4. Indemnification

I, the Account Owner listed in Section 1, authorize the Agent/Interested Person listed in Section 2, as my Agent/Interested Person for the limited purposes I indicated in Section 3 and only for the Account(s) listed in Section 1. The Agent/Interested Person identified in Section 2 shall have no authority to take any action or receive any information about my Account(s) other than as specifically set forth in this form. I understand that by signing this form, I am authorizing the Plan and the service providers to the Plan to provide my Agent/Interested Person with information about my Account(s) listed in Section 1, to receive duplicate confirmations and/or Account statements for my Account(s) listed in Section 1, and/or to request my once per year annual transfer of existing assets among investment options in each of my Plan Account(s) listed in Section 1.

I hereby agree to indemnify and hold harmless the Plan and the Plan's service providers from any losses I, the Plan, or the Plan's service providers incur as a result of acting on the authorization in Section 3 and/or incur as a result of the acts or omissions of my Agent/Interested Person with respect to my Mississippi Affordable College Savings Program Account(s).

5. Signature of Account Owner *(The Account Owner must sign below.)*

By signing below, I acknowledge and agree to the following:

- This authorization remains in effect until I revoke it in writing and the revocation is received by the Plan.
- The authority granted is limited to the Account(s) and the level of authority specified above. My Agent/Interested Person shall have no authority to take any action or receive any information other than that indicated in Section 3.
- By signing this form, I authorize the Plan's service providers on behalf of the Plan to provide the person listed in Section 2 with the level of authority granted by me in Section 3.

Signature of Account Owner *Date (MM/DD/YYYY)*

Notary

ACKNOWLEDGMENT

State of Mississippi

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
(insert name)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Mississippi that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ (Notary Seal)
Signature of Notary Public

TIAA CREF
Financial Services

Mail this form to:

Mississippi Affordable College Savings Program
P.O. Box 55037
Boston, MA 02205-5037

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Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Account Application for a Custodial Account

Use this form to open a Custodial Account (UGMA/UTMA)*
Questions? Call toll-free 1-800-486-3670
P.O. Box 55037, Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- Before completing this form, read the *MACS Disclosure Booklet* and *Participation Agreement* (contained in the *Disclosure Booklet*).
- You may invest in as many Investment Option(s) as you want as long as you meet the minimum for each Investment Option.
- You must complete a separate *Account Application* for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date this form, then mail it to the Plan at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.
To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

Custodian Information *(You must provide all requested information.)*

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last), Suffix)

Residential Address (This must be a street address – a P.O. Box is not acceptable.)

City, State, Zip

Mailing Address, if different from above address

Mailing Address City, State, Zip

Social Security Number or Individual Taxpayer Identification Number — *Date of Birth (mm-dd-yyyy)*

Gender (M/F) — *Contact Telephone Number*

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

Minor (Beneficiary) Information *(You must provide all requested information.)*

The minor is the beneficiary and must be a U.S. citizen or resident alien, and must have a valid Social Security Number or Taxpayer Identification Number. You must provide a residential street address (no P.O. boxes) or this Account cannot be opened. You may establish only one Account for this Beneficiary in the Plan.

Name (First, MI, Last, Suffix

Social Security Number or Taxpayer Identification Number — *Gender (M/F)* — *Date of Birth (mm-dd-yyyy)*

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *MACS Disclosure Booklet* for more information.

☐ ***Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.***

Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

Initial Contribution

To fund your MACS Account:

a. Tell us how you will make the initial contribution.

b. Select your Investment Option(s) and write the amount to be invested in each Option.

c. For contribution of proceeds from rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond, please complete section 3c below and include the required documentation with your application.

Questions? Call 1-800-486-3670 for assistance.

a. Method of Contribution

☐ ***Check*** *(Minimum $25 per Option)*

Make your check payable to the *Mississippi Affordable College Saving or MACS,* and include your check with this *Account Application*. Contributions are permitted by personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to MACS by you, and third-party personal checks up to $10,000 endorsed over to MACS.

Checks must be drawn on a banking institution located in the United States and must be payable in U.S. dollars.

☐ ***Electronic Funds Transfer (EFT)*** *(Minimum $25 per Option)*

Please provide your banking information in Section 4a of this form.

☐ ***Automatic Contribution Plan (ACP)*** *(Minimum $25 per Option)*

Please complete Sections 4a and 4c to make regularly scheduled contributions to the Plan from your bank account.

☐ ***Rollover*** *(Minimum $25 per Option)*

- To rollover proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To rollover the proceeds you received from a redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Provide the breakdown of cost basis and earnings in 3c AND a statement from the other 529 plan with this form.

☐ ***Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)*** *(Minimum $25 per Option)*

Please provide the breakdown of cost basis and earnings in 3c below AND submit a statement with these amounts with this form.

☐ ***Proceeds from the redemption of a qualified U.S. savings bond*** *(Minimum $25 per Option)*

Please provide the breakdown of cost basis and earnings in 3c below AND submit a Form 1099 with these amounts with this form.

☐ ***Payroll Deduction*** *(Minimum $15 per Option)*

Please submit a Payroll Deduction Form along with this Account Application.

Note: This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing sections 4a and 4c to make regular contributions from your bank account.

b. Select your Investment Option(s)

Before selecting your Investment Option(s), be sure to read the *MACS Disclosure Booklet* for information about each Investment Option.

Deposit my Initial Contribution in:	Contribution Amounts *(See minimums above.)*
Managed Allocation Option (Age-based)	$, .
Diversified Equity Option (1968)	$, .
Fixed Income Option (2823)	$, .
Guaranteed Option (1967)	$, .
Aggressive Allocation Option (2283)	$, .
Moderate Allocation Option (2284)	$, .
Conservative Allocation Option (2285)	$, .
Total Contribution Amount	$, .

c. *Provide your cost basis and earning breakdown for rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond*

Cost Basis	$, .
Earnings	$, .
Total Rollover Amount	$, .

Note: Unless MACS receives an account statement from the distributing 529 plan or financial institution (or a Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your 529 plan rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as earnings and will be reported to the IRS as earnings when you make a withdrawal.

Banking Information *(optional, unless the Electronic Funds Transfer or Automatic Contribution Plan is selected in Section 3.)*

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected.

a. *Bank Account Verification*

You may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account *(check one):* ☐ Checking ☐ Savings	
Account Number:	***Routing Number:***
Name(s) on Account *(The Custodian or Beneficiary name must appear on the bank account.)*	
Bank Name:	***Telephone Number:***

b. *Electronic Purchase Option*

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

☐ *I do NOT elect the Electronic Purchase Option.*

c. *Automatic Contribution Plan (ACP)*

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information below.

✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in:	Contribution Amounts *(Minimum $25 each)*
Managed Allocation Option (Age based)	$, . 0 0
Diversified Equity Option (1968)	$, . 0 0
Fixed Income Option (2823)	$, . 0 0
Guaranteed Option (1967)	$, . 0 0
Aggressive Allocation Option (2283)	$, . 0 0
Moderate Allocation Option (2284)	$, . 0 0
Conservative Allocation Option (2285)	$, . 0 0
Total Contribution Amount	$, . 0 0

✓ **Select the frequency of your contributions.**

If none selected, then your bank withdrawals will occur monthly.

☐ Bi-weekly	☐ Monthly	☐ Quarterly

✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

☐ 5th	☐ 20th	☐ Other _____

Optional Information

You are not required to complete this section to open a MACS Account.

How did you hear about MACS? *(Check one or more.)*

☐ Direct Mail ☐ E-mail ☐ Employer ☐ TIAA-CREF ☐ Colleague ☐ Other

☐ Television Commercial ☐ Radio ☐ Print Ad ☐ Financial Advisor ☐ Family or Friend ☐ MACS Representative

What is your total family income?

☐ Less than $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $75,000 ☐ $75,001 - $100,000

☐ $100,001 - $150,000 ☐ $150,001 - $200,000 ☐ Over $200,000

What aspect of the Program is most appealing to you? *(Check one or more.)*

☐ Tax advantages ☐ Flexibility ☐ Estate planning ☐ Professional money management

Would you like to receive TIAA-CREF materials unrelated to MACS?

☐ By checking this box, I am opting to receive TIAA-CREF materials unrelated to MACS.

Signature and Certification *(The Custodian must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the MACS *Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize MACS to open this Account based on this information
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (/UTMA).
- I have received, read and understand the MACS *Disclosure Booklet*, including the *Participation Agreement*, and I understand that MACS may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- I agree to any electronic or telephonic functionality provided by MACS upon establishment of this account. If I have provided banking information in Section 4, I authorize MACS to debit my bank account and to deposit such funds into my Account. I further agree that neither MACS nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

Signature of Custodian *Date*

I will retain a copy of this *Account Application*, the *Disclosure Booklet* and *the Participation Agreement* (contained in the *Disclosure Booklet*) with my records.

Financial Services

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Direct Deposit Payroll Deduction 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 establish or change a Direct Deposit from your paycheck into your existing MACS(s). **You may also need to complete a separate form, as required by your employer, before your direct deposit can be implemented.**
- Instructions contained in this form will replace any previous instructions on file for the Beneficiary account(s) listed below.
- Print in capital letters with blue or black ink.
- Submit a copy of this form to your employer.
- Mail the original form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- 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 What would you like to do? *(Check only one box.)*

☐ **Establish Direct Deposit Payroll Deduction**	☐ **Change allocation** among Investment Options or Beneficiaries **Use one form for all accounts.**	■ **Increase/decrease amount** Contact your employer to change the amount or to stop payroll deduction. **Do not submit this form to MACS.**

2 Employee Information *(The employee must be the Account Owner or the Custodian for a Minor.)*

_ _ _ - _ _ - _ _ _ _ *Employee Social Security or Taxpayer Identification Number*

Employee ID Number

Account Owner (Employee) Name (First, MI, Last, Suffix)

Employer Name

Employer Address

Employer City, State, Zip

Employer Contact Name

_ _ _ - _ _ _ - _ _ _ _ E x t. _ _ _ _

Employer Contact Telephone Number

3 Employer Instructions *(You must complete all applicable parts of this section.)*

✓ **Tell your employer how much to deduct from your pay each pay period.**
The minimum contribution is $15 per Investment Option, per Beneficiary, per pay period.

Contribution Amount per pay period: **$, . 0 0**

✓ **Tell your employer when to begin these deductions.**
Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.

Effective Date (MM/YY): **- 2 0**

✓ **Tell your employer if this is a new or existing payroll deduction plan.**
Your employer may require you to complete a different form to request payroll deduction.

☐ **New Plan** ☐ **Existing Plan** *(change amount)*

Important Information for Employers

MACS can only accept payroll contributions via Automated Clearing House (ACH) funds. If your company cannot support ACH, please advise your employee accordingly. Payroll deductions will not be accepted by check or other methods of payment. For more information, please refer to the *Employer Checklist* on the next page.

4 MACS Allocation Instructions *(You must complete all applicable parts of this section.)*

✓ **Tell MACS where to deposit your contributions.**

Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name (Provide first and last name.)	**Investment Options** (Fund codes and names appear on the next page.)	**Is this a new Option?**	**Percentage of each contribution**
1.		☐ Yes or ☐ No	. 0 0 %
2.		☐ Yes or ☐ No	. 0 0 %
3.		☐ Yes or ☐ No	. 0 0 %
4.		☐ Yes or ☐ No	. 0 0 %
5.		☐ Yes or ☐ No	. 0 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

4 Employee Authorization and Signature *(You must sign exactly as your Account is registered.)*

By signing below, I authorize my employer to remit Direct Deposits to my *MACS* Account(s). I understand that the Account(s) will not be credited until the funds are received in good order by the Plan. I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the Plan and its agents to make adjustments to my Account(s) to correct such error, if requested to do so by the employer. This authorization will remain in effect until cancelled by me or by *MACS*.

Account Owner (Employee) *Date*

Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Program Account(s). Please read it carefully.

- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form.
- ✓ Use one form to allocate payroll deduction into your MACS Account(s) for one or more Beneficiaries. Use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. This form will be rejected in its entirety if an allocation is not a whole percentage or if it results in a contribution amount of less than $15 for any Investment Option (for any Beneficiary).
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option Names *(Option numbers)*		
Managed Allocation Option (Age based)	Diversified Equity Option (1968)	Fixed Income Option (2823)
Guaranteed Option (1967)	Aggressive Allocation Option (2283)	Moderate Allocation Option (2284)
Conservative Allocation Option (2285)		

- ✓ The employee must be the Account Owner on all MACS Account(s). You cannot contribute into an Account owned by anyone else.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ You must contact your employer to change the amount or to stop payroll deduction. Contact MACS only to change your allocation.
- ✓ ***Questions?*** Visit *www.MS529.com* or call toll-free 1-800-486-3670.

Employer Checklist

The following information has been developed to help an employer establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to MACS on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e. deposit) as "Checking" and transmit funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field where the first 8 digits identify *Mississippi Affordable College Savings*, i.e. DDA account number 99055279, and the next 9 digits identify the employee, i.e. the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ ***Questions?*** Visit *www.MS529.com* or call toll-free 1-800-486-3670.

Financial Services

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13183

MS.PD 09/2014

Lynn Fitch
STATE TREASURER

Mississippi Affordable College Savings
MACS Program
Withdrawal Request 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 request a withdrawal from your Account. Complete a separate form for each type of withdrawal you are requesting. Please note that the earnings portion of withdrawal proceeds not used for the qualified higher education expenses of the beneficiary may be subject to federal income tax and a 10% federal penalty tax.
- Print in capital letters using blue or black ink. Mail this form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- Section 6 Medallion Signature Guarantee[1]: If you recently made a change to your mailing address or to your banking information on file, the Plan will not be able to send your redemption proceeds for 30 days after the receipt of this request UNLESS you provide a Medallion Signature Guarantee. You will also need to provide a Medallion Signature Guarantee for requests of withdrawals of $100,000. If an Entity Account Owner or an Account Owner's authorized representative completes this form, a medallion signature guarantee must appear in Section 6.

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 Type of Withdrawal *(Check only one box.)*

☐ **Qualified Withdrawal**
Withdrawal proceeds will be used for the beneficiary's qualified higher education expenses.

☐ **Non-Qualified Withdrawal**
Withdrawal proceeds will **not** be used for the beneficiary's qualified higher education expenses.

☐ **Withdrawal due to a qualified scholarship awarded to the Beneficiary**
The withdrawal must be equal to less than the amount of the scholarship.

☐ **Withdrawal due to the Beneficiary's attendance at a United States Military Academy**

☐ **Withdrawal due to the disability of the Beneficiary**

☐ **Withdrawal due to the death of the Beneficiary**

2 Account Information

Account Number (Refer to your Statement)

Contact Number - -

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

Beneficiary Name (First, MI, Last, Suffix)

3 Amount of Withdrawal

Provide the amount you want to withdraw, and from which Investment Option(s) in your Account you want to fund your withdrawal. Please note that you will not be able to withdraw a contribution until 10 days after receipt of that contribution by MACS.

Investment Option Name	Indicate a specific amount or write "ALL" for each Investment Option
Managed Allocation Option (Age-based)	$, .
Diversified Equity Option (1968)	$, .

[1] Medallion Signature Guarantee Stamps 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

Investment Option Name	Indicate a specific amount or write "ALL" for each Investment Option
Fixed Income Option (2823)	$, .
Guaranteed Option (1967)	$, .
Aggressive Allocation Option (2283)	$, .
Moderate Allocation Option (2284)	$, .
Conservative Allocation Option (2285)	$, .
Total Withdrawal Amount	$, .

4 Withdrawal Recipient and Form of Payment *(Select only one payee/recipient)*

Designate a Recipient/Payee (check only one box):

☐ **Pay to Account Owner**

☐ **Pay to Eligible Educational Institution or Tuition Payment Plan/Service** *(A check will be sent to the address provided below.)* Note: Payments for a foreign Eligible Educational Institution will be paid by check directly to the Account Owner's address of record.

Select Form of Payment:

☐ **Pay to Account Owner by Electronic Funds Transfer (EFT)** Available for payment to the Account Owner only. The option to receive payments by EFT is available if the Plan has your bank account on file. The bank account must be on file for at least 30 days without any changes.

☐ **Pay by Check** (Available for payment to all designated recipients). A check will be mailed to the address of record of the Account owner or Beneficiary or the address provided below for an Eligible Educational Institution.

☐ **Deliver Check by USPS First Class Mail**

☐ **Deliver Check by overnight delivery**. I understand that a $15 fee for this service will be deducted from my Account.

Provide below the name and address of the Eligible Education Institution you are designating to receive payment by check.

Important: Please confirm the mailing instructions before submitting this form for payment. Include the student name, student ID or other applicable identifying information as required by the school.

Eligible Educational Institution Name (School)

Student Name, ID or other Identifying Information (This information will appear on both the mailing address and on the check.)

School Mailing Address (Line 1)

School Mailing Address (Line 2)

School City, State, Zip

5 Signature and Certification *(This section must be signed or the withdrawal cannot be processed.)*

By signing this form, I certify that the information contained in this Form, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented here, and in the MACS Disclosure Booklet and Participation Agreement.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that the requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an *Automatic Contribution and Banking Information Form* accompanies this form.

If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Direct Deposit Payroll Deduction Form* accompanies this form to reallocate contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

If I am withdrawing my entire account balance, I request a cancellation of my *Participation Agreement* and the closure of my Account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

Signature of Account Owner, Custodian or Authorized Representative of Entity *Date*

Medallion Signature Guarantee – if applicable

Important Information – Medallion Signature Guarantee 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.

AFFIX GUARANTOR STAMP HERE

Financial Services

Mail this form to:
Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

A13186
9/2014

CUSTODIAN ACKNOWLEDGEMENT AND RELEASE ON UTMA/UGMA FUNDED ACCOUNTS INTENT

Fax completed form to 1-800-519-4652 or mail to MPACT, P.O. Box 120, Jackson, MS 39205. Questions should be directed to Customer Service at our toll free number: 1-800-987-4450, option 2.

I, _____ hereby inform Mississippi Prepaid Affordable College Tuition Program, in writing, that I am purchasing a MPACT contract as a Custodian using *UTMA* (Uniform Transfer to Minors Act) or *UGMA* (Uniform Gift to Minors Act) funds on behalf of _____ (Beneficiary). MPACT Account Number: _____

As Custodian of the MPACT account I understand and acknowledge that the following will apply:

- Any and all contributions to this MPACT account will be considered *UTMA/UGMA* funds (custodial funds) and become an asset of the child.
- If I desire to invest assets that are not *UTMA/UGMA* assets in a MPACT account, a separate MPACT contract may be established with such funds.
- I understand that as Custodian of an *UTMA/UGMA* account, many of my rights under the MPACT contract are limited, including but not limited to the following:
  - I am not the owner; rather I hold the account as Custodian for the Beneficiary.
  - I may not change the designated Beneficiary.
  - If I cancel the contract, I personally will not receive a refund. Rather, a refund will be issued to the Beneficiary in order to comply with the intent of the *UTMA/UGMA* and provide for proper taxing of earnings.
  - It is my responsibility to refrain from exercising my rights under the MPACT contract in order to maintain the *UTMA/UGMA* qualified status.
  - It is my responsibility to notify the program when the custodianship terminates (the minor reaches the legal age of majority), at which time the Beneficiary becomes the account owner.
  - At the age of majority the Beneficiary will own the contract and will have all of the rights of the contract Purchaser and Beneficiary, including but not limited to, the right to cancel the contract and receive a refund pursuant to the terms of the contract, or to use the benefits for educational purposes upon enrollment in an eligible institution.
- Maintaining *UTMA/UGMA* status of the assets in the MPACT account is my responsibility as the Custodian of the account, and I hereby release MPACT from any liability for any loss of *UTMA/UGMA* qualified status due to the purchase, servicing, cancellation of or exercise of the rights under the MPACT contract.
- Every situation is unique and MPACT does not give tax advice, nor does MPACT endorse the use of *UTMA/UGMA* assets to fund a MPACT contract.
- I understand and acknowledge that MPACT highly recommends that I speak to a professional tax advisor before liquidating and/or investing the *UTMA/UGMA* account(s) in a MPACT contract.

I, UNDERSIGNED, HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AND AFFIRM THAT THEY ARE TRUE AND CORRECT AND AGREE TO COMPLY WITH THEM.

UTMA/UGMA Custodian Name: _____

Custodian Primary Phone Number: (_____) _____

_____

UTMA/UGMA Custodian Signature Date

Lynn Fitch

STATE TREASURER

CHANGE OF PURCHASER FORM

- To change to the Purchaser, the current MPACT Contract Purchaser must complete Section II of this form and remit a twenty five dollar ($25.00) Change of Purchaser fee.
- To add or change the Contingent Purchaser, the current MPACT Contract Purchaser must complete Section III of this form. No fee is assessed when adding or changing a Contingent Purchaser.
- Complete all applicable sections of this form and remit the appropriate fee to: MPACT P.O. Box 120, Jackson, MS 39205-0120, or pay the plan change fee electronically through On-Line Account Access. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____

Purchaser Name (First, MI, Last): _____

Contingent Purchaser Name (First, MI, Last) _____

Beneficiary Name (First, MI, Last): _____

Purchaser Primary Number: (____) _____ Secondary Number: (____) _____

Section II: New Purchaser Information

Name (First, MI, Last): _____

Social Security Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

_____

New Purchaser Signature Date

Section III: New Contingent Purchaser Information

Name (First, MI, Last): _____

Social Security Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

_____

New Contingent Purchaser Signature Date

Section IV: Current Purchaser Signature

I acknowledge by executing this form I relinquish all rights and responsibilities of the contract to the new purchaser.

_____

Current Purchaser Signature Date

(Continued on page two)

Section V: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a change of Purchaser on the above reference MPACT account on the date and for the purposes therein set forth.

Notary Signature (Seal or Stamp) My Commission Expires

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.

Lynn Fitch
STATE TREASURER

CollegeSavingsMACS
MISSISSIPPI

Durable Power of Attorney and Indemnification Agreement For Power of Attorney Registration

Participant's Name: _____

_____

MACS Account Number(s): _____

Home Phone: ( ) _____

I, _____ of _____
do hereby make, constitute and appoint _____
whose specimen signature is _____
and whose address is _____
my true and lawful Attorney in Fact. All references herein to my Attorney in Fact shall be to such person or his or her successors.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant to my Attorney in Fact the power to act on my behalf with respect to the above referenced MACS account(s), such power to be used for my benefit and to be exercised by my Attorney in Fact only in a fiduciary capacity. Specifically, my Attorney in Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced MACS account(s); to withdraw, now or in the future, any funds from the above referenced MACS account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced MACS account(s).

I hereby agree to indemnify and hold State Street Bank and Trust Company (State Street), Boston Financial Data Services, Inc. (Boston Financial), TIAA-CREF Tuition Financing, Inc. or any of its affiliates, and the MACS program harmless from acting upon instructions, either oral or in writing, believed to have originated from said Attorney in Fact and from any and all acts of said Attorney in Fact with respect to my MACS account(s).

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Boston Financial and delivered to its main office, such revocation shall not effect any liability in any way resulting from transactions initiated prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and TIAA-CREF Tuition Financing, Inc. or any of its affiliates, State Street, Boston Financial, and the MACS program shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20____.

_____
Signature of Grantor of Power of Attorney

STATE OF MISSISSIPPI) ss.

COUNTY OF _____)

Personally appeared before me, the undersigned authority in and for the said county and state, on this ____ day of _____, 20____, within my jurisdiction, the within named _____, who acknowledged that __he executed the above and foregoing instrument.

(Seal, if applicable)

_____
Notary Public
My commission expires: _____

AFFIDAVIT OF ATTORNEY-IN-FACT

STATE OF MISSISSIPPI) ss.

COUNTY OF _____)

I, _____, of lawful age, being duly sworn on his oath says that _____, as principal, who resides at _____ _____ did on this ___ day of _____, 20 __ appoint me h__ true and lawful attorney by the foregoing instrument hereby made a part hereof.

_____
Signature of Attorney-In-Fact

Subscribed and sworn before me this ____ day of _____, 20____.

(Seal, if applicable)

_____
Notary Public
My commission expires: _____