

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>								
	Dollars							Percentage	
Conservative Age Based Allocation Option	\$,			.	.00%
Moderate Age Based Allocation Option	\$,			.	.00%
Aggressive Age Based Allocation Option	\$,			.	.00%
Principal Plus Interest Option (1934)	\$,			.	.00%
100% Equity Option (1933)	\$,			.	.00%
Balanced Option (2190)	\$,			.	.00%
100% Fixed Income Option (2191)	\$,			.	.00%
Total INCOMING Amount	\$,			.	100.00%

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. I understand that an Account Owner may establish only one Account for a Beneficiary in the Program.
- 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, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.
- 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. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.¹)

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

Date

Important Information

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

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

AFFIX STAMP HERE



Mail this form to:

Michigan Education Savings Program
PO Box 55925
Boston, MA 02205-5925

Program Administration by TIAA-CREF Tuition Financing, Inc.
MI1011.TRN/A12492