



Michigan Education Savings Program

Michigan Education Savings Program

Account Application for a Custodial Account

Use this form to open a new Account under UGMA/UTMA *
Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
P.O. Box 55925, Boston, MA 02205-5925
Visit www.misaves.com

Instructions

- Read the Disclosure Booklet, including the Participation Agreement, carefully before completing this form.
You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Program, even if you have not opened that option through this form.
You must complete a separate Account Application for each Beneficiary. You can obtain additional copies of this form by calling the Program or by visiting www.misaves.com and clicking on Account Forms.
Print in capital letters with blue or black ink, sign and date this form, then mail it to the Program 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, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

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

City, State, Zip

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Day Telephone Number

Evening Telephone Number

Relationship to Beneficiary (optional)

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

2 Minor (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)

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA)

Automatic Contribution Plan (ACP)

(Minimum \$25 for each Investment Option)

Indicate the amount of your initial and/or subsequent Automatic Contribution Plan (ACP) contribution, which will automatically be transferred from your bank account into the Program. Complete Section 4 to contribute through ACP.

Payroll Deduction

(Minimum \$15 for each Investment Option)

Indicate the amount of your payroll deduction and submit a *Payroll Deduction Form* with this *Account Application*.

Note: This option is only available if your employer agrees to offer payroll deduction and is able to make contributions via Automated Clearing House Funds (ACH). If your employer cannot make contribution via ACH, you may want to consider establishing an Automatic Contribution Plan (ACP) to make recurring payments directly from your bank account.

4 Banking Information

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. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.

Type of Account (check one):		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:	Routing Number:	
Name(s) on Account (The Custodian or Beneficiary name must appear on the bank account.)		
Bank Name:	Telephone Number:	

**Attach your pre-printed voided bank check,
or pre-printed deposit slip here.**

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above unless you check this box.

NO, I do not elect the Electronic Purchase Option.

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 here.

✓ **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 in:	Contribution Amounts (See minimums below.)			
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 Contribution Amount	\$,	.	00

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

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

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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✓ **Select the month(s) of your contributions.**

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

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May.	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> 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.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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5 Optional Information

You are not required to complete this section to open an Account in the Michigan Education Savings Program (MESP).

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

- | | | | | | |
|--|---------------------------------|-----------------------------------|--|---|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other |
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Radio | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> MESP Representative |

What is your total household income?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> Over \$200,000 | |

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

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Professional money management |
|---|--------------------------------------|--|--|

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

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

6 Signature and Certification

(The Custodian must sign this section or this Account will not be opened.)

By signing below, I am agreeing to terms and conditions set forth below and in the *Participation Agreement* contained in the *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 the Program 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 understand that Program 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 amendments.
- I have received, read and understand the *Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months.
- If I have provided Banking Information in Section 4, I authorize the *Michigan Education Savings Program* to debit my bank account and to deposit such funds into my Program Account as requested on this form. I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither *Michigan Education Savings Program* nor its agents will be liable for any loss, liability, cost or expense for acting upon these 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.

**Mail this form to:
Regular Mail**

Overnight Mail

Michigan Education Savings Program
30 Dan Road
Canton, MA 02021-2809

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

Program Administration by TIAA-CREF Tuition Financing, Inc.



