



Michigan Education Savings Program

Michigan Education Savings Program Electronic Banking Information Form

Use this form to add, change or delete your Automatic Contribution Plan (ACP) or Electronic Purchase Option
Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
Monday through Friday, 8:00 a.m. – 10:00 p.m. ET
P.O. Box 30361, Lansing, MI 48909-7861
Visit www.misaves.com

Instructions

- Complete all sections of this form to add or change your Automatic Contribution Plan (ACP) and/or Electronic Purchase Option on an existing Program Account.
- You must complete a separate *Electronic Banking Information Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Program form, by calling the Program or by visiting www.misaves.com and clicking on *Account Forms*.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address. You must also include a pre-printed voided check or deposit slip to add or change your bank information. Entity Account Owners should also review the enclosed *List of Approved Documents Required for Substantiation by Entity Account Owners* for additional requirements.

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

1 9 3 3 - 0 1 2 3 4 5 6 7	2 4 8 - 5 5 5 - 5 6 7 8
---------------------------	-------------------------

Fund and Program Account Number *(Enter any one from your statement.)*

Day Telephone Number

J O H N A S A M P L E	
-----------------------	--

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

A N N E M S A M P L E	
-----------------------	--

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

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

Automatic Contribution Plan (ACP) *(Complete Sections 3, 4 and 5)*

<input type="checkbox"/> Establish/Modify	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information
---	---------------------------------	--

Electronic Purchase Option *(Complete Sections 4 and 5)*

<input type="checkbox"/> Establish	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information
------------------------------------	---------------------------------	--

3 Automatic Contribution Plan (ACP) Instructions

If you elect to participate in the Automatic Contribution Plan (ACP), funds will be automatically transferred from your bank account in the amount and frequency you indicate here. You must provide all requested information in this section and you must provide your *Banking Information* in Section 4 of this form to initiate ACP, which can take up to 10 business days. If you don't already contribute to the Investment Option you select, check the appropriate box and a new Investment Option will be opened for you.

✓ Select the amount of your contributions.

The amount you indicated above will be regularly withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in:	Is this a new option?	Contribution Amounts <i>(Minimum \$25 each)</i>					
Conservative Age Based Allocation Option	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Moderate Age Based Allocation Option	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$,	1 0 0	.	0 0
Aggressive Age Based Allocation Option	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Principal Plus Interest Option (1934)	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$,	1 0 0	.	0 0
100% Equity Option (1933)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Balanced Option (2190)	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$,	3 0 0	.	0 0
100% Fixed Income Option (2191)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Total Contribution Amount		\$,	5 0 0	.	0 0

✓ Select the frequency of your contributions.

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

<input type="checkbox"/> Bi-weekly	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> 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.

<input checked="" 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 checked="" type="checkbox"/> 5th	<input type="checkbox"/> 20 th	<input type="checkbox"/> Other _____
---	---	--------------------------------------

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 Option you have selected. Attach a pre-printed, voided check or pre-printed deposit slip where indicated below.

Electronic Purchase Option

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

Yes, I want the Electronic Purchase Option.

Type of Account (check one): <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number: 012-987654	
Name(s) on Account (The Account Owner, Custodian or Entity name must appear on the bank account.) John A Sample and Mary J Sample	
Bank Name: Citizens Savings	Telephone Number: 612-555-1234

**Attach your pre-printed voided bank check, or
pre-printed deposit slip here, to help the Program obtain your
proper bank account information.**

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

By signing this form, you authorize the *Michigan Education Savings Program* to debit your bank account and to deposit such funds into your Program Account, or to cease such debits, as requested on this form. If you authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, you also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. You 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.

For Entity Accounts

If I am signing on behalf of an entity, I certify that I am authorized by the entity Account Owner identified in Section 1 to act on its behalf and I have attached the appropriate documentation to substantiate authorization for this transaction pursuant to the enclosed *List of Approved Documents for Substantiation by Entity Account Owners*.

<i>John A Sample</i>	<i>June 12, 2006</i>
<small>Account Owner, Custodian or Authorized Representative of Entity</small>	<small>Date</small>

Mail this form to:

Michigan Education Savings Program
P.O. Box 30361
Lansing, MI 48909-7861

Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by Teachers Personal Investors Services, Inc.
and TIAA-CREF Individual & Institutional Services, LLC

MI0606.EBF

