



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.)*

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

Day Telephone Number

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

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

<input type="checkbox"/> Establish	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information
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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 type="checkbox"/> No	\$,		.	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 type="checkbox"/> No	\$,		.	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 type="checkbox"/> No	\$,		.	0 0
100% Fixed Income Option (2191)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Total Contribution Amount		\$,		.	0 0

✓ **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"/> 20 th	<input type="checkbox"/> Other _____
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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 type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number:	
Name(s) on Account (The Account Owner, Custodian or Entity name must appear on the bank account.)	
Bank Name:	Telephone Number:

**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*.

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Account Owner, Custodian or Authorized Representative of Entity

Date

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

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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 of the three required elements.

The documents set forth below have been approved by the Board to 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 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;
2. 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;
3. 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;
4. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of the officer of the organization; or
5. 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 making such determination.

Please retain a copy of this notice with your records.