Michigan Education Savings Program
Account Services Form

Use this form to update your Program Account information
(Individual Account Owners may also use this form
to add, change or revoke a Contingent Account Owner.)
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

- You can update Account Owner or Beneficiary information by calling the Program or you can mail this form to the Program.
- An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Program. Note, a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA), or any entity account.
- If you choose submit your Account changes by mail, then please be sure to complete Section 1, along with all relevant sections of this form. Entity Account Owners should also review the enclosed *List of Approved Documents Required for Substantiation by Entity Account Owners* and submit any required documentation along with this form.
- You must complete a separate *Account Services Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Program form, by visiting *www.misaves.com* and clicking on *Account Forms* or by calling the Program.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Program at the above address.

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

1933-0123456 7

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

248-555-5678

Day Telephone Number

JOHN A SAMPLE

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

ANNE M SAMPLE

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(You must provide complete information.)*

You can update Account Owner or Beneficiary information online, by telephone or you can complete and mail this form.

Account Owner Information

867 SIXTH STREET

New Residential Address or Entity's Principal Place of Business or Local Office (This must be a street address. It cannot be a P.O. Box.)

ANYTOWN MI 12345

City, State, Zip

New Mailing Address, if different from the above address

Mailing Address City, State, Zip

- - -

Day Telephone Number

- - -

Evening Telephone Number

JSAMPLE@CABLE.NET

E-mail Address (optional)

Beneficiary Information

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

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

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

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 – not an entity, including a Trust – and must have a Social Security or Taxpayer Identification Number. Any designation you make here can be changed at a future date.

Please check the appropriate box:

☐ Add a Contingent Account Owner for the first time	☐ Change an Existing Contingent Account Owner Designation	[X] Revoke a Contingent Account Owner Designation

New Contingent Account Owner Information *(Complete this section only to add or change a Contingent Account Owner.)*

Name (First, MI, Last, Suffix)

☐ ***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 Street Address (This must be a street address -- a P.O. Box is not acceptable.)

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

- - *Day Telephone Number*

- - *Evening Telephone Number*

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

By signing below it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information on my Account as indicated on this *Account Services Form*.

- If I have changed my address, I understand that a withdrawal cannot be processed for 30 days, unless a signature guarantee appears below.
- If I have designated a Contingent Account Owner (for an Individual Account), then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of acceptable proof of death and an *Account Application*. I will notify my Contingent Account Owner of his/her status.

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*.

John A Sample	June 12, 2006
Signature of Account Owner, Custodian or Authorized Representative of Entity	*Date*

Important Information about Naming a Contingent Account Owner

By naming a Contingent Account Owner on this form, the Account Owner intends to grant ownership of this entire Account to the designated Contingent Account Owner upon death. A Contingent Account Owner must be eligible to become an Account Owner and must submit a certified copy of the Account Owner's death certificate (or other legally recognized proof of death that is acceptable to the Program Manager) before ownership of the Account can be transferred. The Contingent Account Owner must also complete an *Account Application* and submit it to the Program Manager, unless an Account already exists for the Contingent Account Owner and Beneficiary of this Account. Upon the death of the Account Owner, asset in this Account should not be deemed assets of the Account Owner's estate.

You may wish to consult with your financial, legal and/or tax advisor before completing this form, which may have implications for your estate and cannot be modified by a will or codicil. Please see the *Disclosure Booklet* for more information.

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Mail this form to:

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

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FINANCIAL SERVICES FOR THE GREATER GOOD™

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