

3 Transfer Amount (TO the New Account Owner) (Check only one box.)

You can request a transfer of all or a portion of your Account. If you request a partial transfer, then you must indicate the outgoing transfer amount in either dollars OR units OR percentage of the Investment Option(s) you currently own. The amounts transferred will be posted into the same Investment Option(s) in the new Account.

Transfer ENTIRE balance, including all Investment Options.

Transfer a PARTIAL balance (Complete the boxes below in dollars OR units OR percentage. Complete only 1 column.)

Investment Option Name	Indicate the Amount (in dollars OR units OR percentage)										
	Dollars					Units	Percentage				
Conservative Age Based Allocation Option	\$,			.			%
Moderate Age Based Allocation Option	\$,			.			%
Aggressive Age Based Allocation Option	\$,			.			%
Principal Plus Interest Option (1934)	\$,			.			%
100% Equity Option (1933)	\$,			.			%
Balanced Option (2190)	\$,			.			%
100% Fixed Income Option (2191)	\$,			.			%
Total OUTGOING Amount	\$,			.			%

4 Signature and Authorization (Both the current and new Account Owner must sign this section for this change to take effect.)

By signing this form, I authorize the transfer of my Account to another eligible Account Owner and acknowledge the following:

- This transfer is irrevocable, terminates my ownership and transfers ownership, reversionary rights and powers (i.e., power to substitute beneficiaries and to direct distributions from the Account) to the new Account Owner.
- This transfer is effective when the Program Manager processes this form, which may include the establishment of a new Account for the new Account Owner. An Account Application completed by the new Account Owner either accompanies this form or has been previously completed if this new Account Owner already maintains an Account for this Beneficiary.
- 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; otherwise my ACP contributions will continue unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by automatic payroll deduction, I understand that my payroll contributions will continue until I stop such deductions through my employer.

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 further understand that withdrawals cannot be made from the new Account within 30 days of the effective date of this change unless a signature guarantee of my signature (i.e. the current Account Owner) is affixed to this form.

Current Account Owner

John A Sample

June 12, 2006

Signature of Current Account Owner or Authorized Representative of Entity

Date

New Account Owner

Mary J Sample

June 12, 2006

Signature of New Account Owner or Authorized Representative of Entity

Date

Important Information About a Change of Account Owner

By completing this form, the Account Owner intends to grant ownership of this Account to the designated new Account Owner, upon receipt of all required documentation in good order by the Program Manager. The current Account Owner revokes all rights to this Account and the new Account Owner is entitled to all benefits of account ownership upon establishment of the new Account. All new Account Owners are required to submit an *Account Application* and an Entity Account Owner is required to submit additional documentation to transfer ownership of the Account, or to open a new Account. Only one Account may be opened for each Account Owner/Beneficiary.

You may wish to consult with your financial, legal and/or tax advisor before completing this form. See the *Disclosure Booklet* for information.

Questions? Visit www.misaves.com or call toll-free 1-877-861-MESP (Monday – Friday from 8:00 a.m. – 10:00 p.m. ET).

Mail this form to:

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



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