



Michigan Education Savings Program

Michigan Education Savings Program Withdrawal Request Form

Use this form to withdraw funds from the Program
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

- Read the *Disclosure Booklet* and the attached *Withdrawal Guidelines* before completing this form. The *Disclosure Booklet* also contains a discussion of the tax implications, if any, of taking a withdrawal from the Program. You can obtain a copy online or by calling the Program.
- Complete a separate form for each type of withdrawal, each type of payment and/or for each 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 with blue or black ink, sign and date the form, then mail it to the Program at the above address.
- Entity Account Owners must also provide the required documentation, as described in the enclosed *List of Approved Documents for Substantiation by Entity Account Owners*.

1 Type of Withdrawal (Check only one box.)

Qualified Withdrawal

The withdrawal will be used for the Qualified Higher Education Expenses of the Beneficiary at an Eligible Educational Institution, which is generally an accredited postsecondary educational or vocational school that is eligible to participate in federal financial aid programs under Title IV of the Higher Education Act of 1965.

Non-Qualified Withdrawal

The withdrawal will not be used for the Qualified Higher Education Expenses of the Beneficiary.

Withdrawal due to a qualified scholarship awarded to the Beneficiary

The withdrawal must be equal to less than the amount of the scholarship.

Withdrawal due to the Beneficiary's attendance at a United States Military Academy

Withdrawal due to the disability of the Beneficiary

Withdrawal due to the death of the Beneficiary

2 Account Information

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

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

2 4 8 - 5 5 5 - 5 6 7 8

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)

3 Withdrawal Information

Qualified Withdrawals may be made payable to the Account Owner, the Beneficiary or to the Eligible Educational Institution.

Non-Qualified Withdrawals and other types of withdrawals will be made payable to the Account Owner.

Tell us how much to withdraw from this Account. ¹ (Check only one.)

Entire Account balance (in all Investment Options) **OR**

Partial Account balance, as indicated below.

Investment Option Name	Amount to be Withdrawn									
Conservative Age Based Allocation Option	\$,			.			
Moderate Age Based Allocation Option	\$,			.			
Aggressive Age Based Allocation Option	\$,			.			
Principal Plus Interest Option (1934)	\$	1	,	0	0	0	.	0	0	
100% Equity Option (1933)	\$,			.			
Balanced Option (2190)	\$,			.			
100% Fixed Income Option (2191)	\$,	5	0	0	.	0	0
Total Partial Withdrawal Amount	\$	1	,	5	0	0	.	0	0	

¹ You cannot withdraw a contribution until 10 days after the receipt of that contribution by the Program and we will reduce your requested withdrawal amount by the number of recently acquired Trust units, if applicable. You should also know that Trust units cannot be redeemed until 30 days from the effective date of a change of address or a change of Account Owner unless a signature guarantee was affixed to the original Program form requesting such a change.

4 Payment Information (Check only one box.)

- Pay to Account Owner by Check** (The check will be mailed to the Account Owner's address of record.)
- Pay to Beneficiary by Check** (The check will be mailed to the Beneficiary's address of record.)
- Pay to Eligible Educational Institution** (Complete the information below.)

Please verify the mailing instructions before submitting this form for payment and provide student ID, if required by the school.
Note: Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.
Check this box if you want the check payable to both the Eligible Educational Institution AND to the Beneficiary. []

E L I G I B L E I N S T I T U T I O N N A M E

Eligible Educational Institution Name

A N N E M S A M P L E I D 1 2 3 4

Student Name, ID or other Identifying Information (This information will appear on both the mailing address and on the check.)

A T T N B U R S A R ' S O F F I C E

Mailing Address (Line 1)

4 5 6 M I C H I G A N A V E N U E

Mailing Address (Line 2)

A N Y T O W N M I 1 2 3 4 5

City, State, Zip

5 Signature and Certification (This section must be signed or the withdrawal cannot be processed.)

By signing below, I certify the following:

The information contained in this Form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form and in the enclosed *Withdrawal Guidelines*.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution.
- To the best of my knowledge, no other request has been previously submitted to this Program, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary.
- To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations described in the *Withdrawal Guidelines*.

If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance but it will continue if I have only requested a partial withdrawal from my Account, or unless an *Electronic Banking Information Form* accompanies this form.

If I am making contributions by automatic payroll deduction, I understand that my payroll deduction contributions will continue, regardless of the amount withdrawn, until I notify my employer to stop such deductions and to cease remitting payments to the Program.

For Custodial Accounts

I certify that I am the custodian of this Account and that with respect to a withdrawal due to the death, disability or a scholarship awarded to the Account Beneficiary, or due to the Beneficiary's attendance at a United State Military Academy, or a non-qualified withdrawal, such withdrawal is authorized under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Designated Beneficiary.

For Entity Accounts

I certify that I am authorized by the entity Account Owner identified in Section 2 to act on its behalf in making this withdrawal 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*.

If I am withdrawing my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account for the Beneficiary.

John A Sample *June 12, 2006*

Signature of 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.
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and TIAA-CREF Individual & Institutional Services, LLC

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