Michigan Education Savings Program
Account Information Change Form

Use this form to add or modify Account information

Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
Or write to the Plan at P.O. Box 219303, Kansas City, MO 64121-9303
Visit www.MIsaves.com

Instructions

- You can update certain Account Owner or Beneficiary information online, by telephone or you can mail this form to the Program.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Section 5, or if you intend to withdraw funds within 30 days of an address change**.** *Please see the* **Important Information** box at the end of this form for additional instructions**.**
- You must submit a separate *Account Information Change 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.
- 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.)*

Program Account Number

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

Account Owner Email Address

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply to you.)*

You can update certain Account Owner or Beneficiary information online, by telephone or through this form, as described below.

> **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 5.

> **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

- - *Account Owner's Date of Birth (mm-dd-yyyy)*

- - *Beneficiary's Date of Birth (mm-dd-yyyy)*

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

- - *Account Owner's Social Security Number or Tax ID Number*

- - *Beneficiary's Social Security Number or Tax ID Number*

> **Address or Telephone Number: Documentation is not required.** (You can also make these changes by telephone.)

☐ **Account Owner** ☐ **Beneficiary** ☐ **Account Owner and Beneficiary**

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

- - *Day Telephone Number*

- - *Evening Telephone Number*

[1] Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Option Name *(Investment Option Code)*	***Whole Percentage*** *(per Investment Option)*	**Check if new Investment Option**[2]
Conservative Age Based Allocation Option	%	☐ New Option
Moderate Age Based Allocation Option	%	☐ New Option
Aggressive Age Based Allocation Option	%	☐ New Option
Global Equity Index Option (1933)	%	☐ New Option
Principal Plus Interest Option (1934)	%	☐ New Option
Balanced Option (2190)	%	☐ New Option
100% Fixed Income Option (2191)	%	☐ New Option
U.S. Equity Index Option (2337)	%	☐ New Option
International Equity Index Option (2338)	%	☐ New Option
TOTAL	**100%**	

4 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Program. The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner, and must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number and must be at least 18 years of age. Any designation you make here may be changed or revoked at a future date.

Note: a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

☐ **Add** a Contingent Account Owner for the first time	☐ **Change** an Existing Contingent Account Owner Designation	☐ **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)

			-			-									-			-				

Social Security Number or Taxpayer Identification Number *Gender (M/F)* *Date of Birth (mm-dd-yyyy)*

[2] If a new Investment Option is opened, a different option number will be assigned . You can also use the Additional Contribution by Mail form to contribute by check at any time.

5 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 medallion signature guarantee[3] appears below.

If I have designated a Contingent Account Owner, 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 an acceptable proof of death and a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.)[3]

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

AFFIX SVP STAMP HERE

Mail this form to:

Overnight Mail
Michigan Education Savings Program
430 W 7th Street, Suite 219303
Kansas City, MO 64105-1407

Regular Mail
Michigan Education Savings Program
P.O. Box 219303
Kansas City, MO 64121-9303

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[3] Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.