



Michigan Educations Savings Program Change of Account Owner/Beneficiary Form

Use this form to change the Account Owner and/or Beneficiary
(for Individual and Entity Accounts only)

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

- Please read the Program *Disclosure Booklet*, including the *Participation Agreement*, before changing the Account Owner and/or Beneficiary on a Program Account. You may also wish to consult with your financial, legal and/or tax advisor before completing this form.
 - *If a change of Account Owner is requested*, the new Account Owner must submit an *Account Application*, along with this form (unless the new Account Owner already maintains a Program Account for the Beneficiary). An Account Owner may establish only one Account for a Beneficiary in the Program.
 - *If a change of Beneficiary is requested*, the new Beneficiary must be a "member of the family" of the previous Beneficiary, as described in Section 529 of the Internal Revenue Code. A change of Beneficiary is not permissible for custodial accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).
- A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp¹ may be required as described in Section 6. In addition, unless a Medallion Signature Guarantee is affixed to this form, **any** change of Account Owner or change of address will result in a 30-day hold on withdrawals from the Account. See the *Important Information* at the end of this form.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.

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

					-															
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Owner Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Beneficiary Name (First, MI, Last, Suffix)

2 New Account Owner Information *(You must provide complete information or the new Account cannot be opened.)*

An Account Owner must meet the requirements set forth in the Disclosure Booklet and must have a Social Security Number or Taxpayer Identification Number. Unless otherwise indicated in Section 4, the balance in all existing Program Investment Portfolios will be transferred into an Account in the new Account Owner's name.

- Check this box if the new Account Owner already maintains a Program Account with the Beneficiary named in Section 1 and provide the existing account number below.** If none exists, the new Account Owner must submit an *Account Application* along with this form. An Account Owner may establish only one Account for a Beneficiary in the Program.

					-															
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Existing Fund and Account Number, if any (Provide any one from your statement.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address or if Entity Principal Place of Business or Local Office (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City, State, Zip

					-															
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Day Telephone Number

					-															
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Evening Telephone Number

Important Information about a Change of Account Owner

By completing this form, you intend to grant ownership of this Account to the designated new Account Owner. You revoke all rights to this Account and the new Account Owner is entitled to all benefits of account ownership upon establishment of the new Account. Only one Account may be opened for each Account Owner/Beneficiary.

¹ Medallion Signature Guarantees and 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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Contact your bank or broker, if needed.

5 Transfer Amount TO Each Investment Option

Indicate the incoming transfer amount either in dollars **OR** as a percentage of the **TOTAL** amount being transferred.

- > If you indicate the amount in dollars, the total amount below must equal the total outgoing amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Complete only one column in either dollars or as a percentage.

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>					
	Dollars					Percentage
Conservative Age Based Allocation Option	\$		,		.	.00%
Moderate Age Based Allocation Option	\$		,		.	.00%
Aggressive Age Based Allocation Option	\$		,		.	.00%
Global Equity Index Option (1933)	\$		,		.	.00%
Principal Plus Interest Option (1934)	\$		,		.	.00%
Balanced Option (2190)	\$		,		.	.00%
100% Fixed Income Option (2191)	\$		,		.	.00%
U.S. Equity Index Option (2337)	\$		,		.	.00%
International Equity Index Option (2338)	\$		,		.	.00%
Total INCOMING Amount	\$		,		.	100.00%

6 Signature and Authorization *(This section must be signed for this change to take effect.)*

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this form, unless he/she already maintains a Program Account for the Beneficiary and I have provided the existing account number in Section 2. I understand that an Account Owner may establish only one Account for a Beneficiary in the Program.
- If changing the Beneficiary, I agree to the same representations, warranties and agreements for my new Beneficiary as were stated in the original Program Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking information and contingent account owner information, if any, will be copied to the new account.
- 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 and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

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, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.¹)

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

Date

Important Information

*If you are changing the Account Owner or the Beneficiary, a Medallion Signature Guarantee is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Program and for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. Unless a Medallion Signature Guarantee appears below, any change of Account Owner will result in a 30-day hold on withdrawals from the new Account. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or Signature Validation Program Stamp will be affixed to this form. The Signature Validation Program Stamp is not required for individual accounts if a Program *Power of Attorney Form* is on file, or if a *Program Power of Attorney Form* accompanies this form.*

AFFIX 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

