



Michigan Education Savings Program

Michigan Education Savings Program
Account Application for a Custodial Account

Use this form to open a new Account under UGMA/UTMA *
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

- Before completing this form, carefully read the Program Disclosure Booklet and Participation Agreement (contained in the Disclosure Booklet).
You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Program, even if you have not opened the Investment Option through this form.
You must complete a separate Account Application for each Beneficiary.
Print in capital letters with blue or black ink, sign and date this form, then mail it to the Program at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

1 Custodian Information The person who opens and is the custodian of an Account in the Program

The Custodian must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number, who is at least 18 years of age, or an emancipated minor, at the time the Account is opened and a contribution is made. You must provide a residential address or this Account cannot be opened.

[Empty box for Name]

Name (First, MI, Last, Suffix)

[Empty box for Residential Address]

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

[Empty box for Residential Address City, State, Zip]

Residential Address City, State, Zip

[Empty box for Mailing Address]

Mailing Address, complete only if different from above

[Empty box for Mailing Address City, State, Zip]

Mailing Address City, State, Zip

[Social Security Number or Taxpayer Identification Number grid]

Social Security Number or Taxpayer Identification Number

[Gender (M/F) box]

Gender (M/F)

[Date of Birth (mm-dd-yyyy) grid]

Date of Birth (mm-dd-yyyy)

[Day Telephone Number grid]

Day Telephone Number

[Evening Telephone Number grid]

Evening Telephone Number

[Relationship to Beneficiary (optional) grid]

Relationship to Beneficiary (optional)

[Empty box for Custodian Email Address]

Custodian Email Address

2 Minor (Beneficiary) Information The beneficiary is the individual who will receive the proceeds for this Account.

The Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

[Empty box for Name]

Name (First, MI, Last, Suffix)

[Social Security Number or Taxpayer Identification Number grid]

Social Security Number or Taxpayer Identification Number

[Gender (M/F) box]

Gender (M/F)

[Date of Birth (mm-dd-yyyy) grid]

Date of Birth (mm-dd-yyyy)

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

[Empty box for Residential Address]

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

[Empty box for City, State, Zip, Country]

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

3 Select Investment Options

Complete this section to allocate your initial and future contributions, **excluding** any payroll deduction contributions, to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Options as you wish from the list below.

You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Options	Whole Percentage (per Investment Option)
Conservative Age Based Allocation Option	%
Moderate Age Based Allocation Option	%
Aggressive Age Based Allocation Option	%
Global Equity Index Option (1933)	%
Principal Plus Interest Option (1934)	%
Balanced Option (2190)	%
100% Fixed Income Option (2191)	%
U.S. Equity Index Option (2337)	%
International Equity Index Option (2338)	%
TOTAL	100%

4 Contribution Methods (Please check all that apply.)

Indicate your method of contribution in this section.

Check - Make check payable to the Michigan Education Savings Program

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashiers' checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Program by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

Amount \$

One-Time Electronic Funds Transfer (EFT)

Please provide bank information in **Section 5**.

Amount \$

Automatic Contribution Plan (ACP)

Complete **Sections 5 and 6 below** to make regularly scheduled contributions from your bank.

Rollover

- To roll over proceeds directly from another 529 plan, submit the Program's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$

Payroll Deduction

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 5 and 6 below to make regularly scheduled contributions to the Program from your bank account. Please complete the payroll form that can be downloaded from the Program's website www.MIsaves.com and provide your allocation instructions for payroll deduction contributions only on that form.

Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

Proceeds from the redemption of a qualified U.S. savings bond

Please provide the breakdown of contribution and earnings below AND submit a Form 1099 with these amounts with this form.

Cost Basis	\$,					.	
Earnings	\$,					.	
Total Indirect Rollover Amount	\$,					.	

Note: If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. savings bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Program.

5 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a preprinted voided check or preprinted deposit slip along with this form. It may take up to ten days to initiate these options.

Type of Account (check one):	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number:	Routing Number:
Name(s) on Account: <i>The Custodian and/or Beneficiary name must appear on the bank account.</i>	
Bank Name:	Bank Telephone Number:

Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Program website from the bank account listed above.

I do NOT elect the Electronic Purchase Option.

6 Automatic Contribution Plan

Contribution Amount

\$.00

Investment Dates

If none selected, then your bank withdrawals will occur monthly.

Monthly Quarterly Other

Month(s) Select the month(s) you would like your Automatic Contributions made (you must select at least one).

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s) Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

7 Systematic Exchange (optional)

You may automatically reallocate funds from one or more investment option(s) to one or more different investment option(s) on a periodic basis on a date selected by you, by completing this section. For more detailed information about this feature, please see the *Program Disclosure Booklet*. The systematic exchange will begin upon receipt and acceptance of this Form in good order, on the exchange day selected below. If the exchange day is a weekend or holiday, the exchange will occur on the next business day. If an exchange frequency of quarterly is selected, the systematic exchanges will occur in March, June, September and December. Semiannual exchanges will take place in June and December. Annual exchanges will take place in December.

Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
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Source Investment Option	Recipient Investment Option	Dollar Amount

Exchange Day (Select date between 1st and 31st)

Stop Date

Establishing, stopping or altering your Systematic Exchange will be considered one of the two account reallocations allowed per year. Systematic exchanges may be stopped or altered by completing a Transfer Among Investment Options Form located online at www.MIsaves.com or by contacting the Program at 1-877-861-6377.

8 Signature and Certification *(The Custodian must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in *the Participation Agreement* contained in the *Disclosure Booklet*. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner, an Account representing an interest in the Michigan Education Savings Program (MESP) for the Beneficiary to be named on this application and enter into this *Participant Agreement* (this "Agreement") relating to the Account with the MESP. The Treasurer of the State of Michigan is the Trustee of the funds invested in MESP (the "Trustee"). I understand that the Trustee has retained TIAA-CREF Tuition Financing, Inc. as the program manager (the "Program Manager") for the Michigan Education Savings Program and that this Agreement is subject to and incorporates by reference the information concerning the MESP and the terms applicable to my Account, contained in the *Direct-Sold Program Disclosure Booklet* and its Appendix (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the *Disclosure Booklet*.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.
- I also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA).
- I understand that the Program may, from time to time, amend the *Participation Agreement* and the *Program Disclosure Booklet* and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the *Program Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover. I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in Section 5, I authorize the *Michigan Education Savings Program* to debit my bank account and to deposit such funds into my Program Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Program nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- You should be aware that by providing banking information, you also authorize the Program to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through this Website provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

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Signature of Custodian

Date

I will retain a copy of this Account Application, the Disclosure Booklet and the Participation Agreement (contained in the Disclosure Booklet) with my records.

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

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

