



Michigan Education Savings Program

Michigan Education Savings Program Account Application for an Entity Account

Use this form to open an Account by a Trust, Estate, Business Entity, 501(c)(3) Organization, or State or Local Government or Agency
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 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 Entity Account Owner Information *All requested information must be provided.*

Entity Participants are required to provide additional documentation to open an Account, as described in the *Plan Disclosure Booklet* and *Participation Agreement*. Please refer to the *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Participants* that accompany this *Account Application*.

Type of Entity *(check one)*

- Trust or Estate (Foreign Trusts not eligible.)
- ¹Business Entity (Corporation, Partnership, Company or Association)
- ²Internal Revenue Code (IRC) Section 501(c)(3) Organization
- State or Local Government, or Agency or Instrumentality thereof

Type of Account *(check one)*

- Entity Account for Named Beneficiary
- Qualified Scholarship Account for Named Beneficiary
- Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c)(3) Organization)

Entity Name

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

City, State, Zip

Mailing Address, if different from above address

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Evening Telephone Number

Relationship to Beneficiary *(optional)*

Email Address

¹Additional information may be required to establish your account. Please see Section 2 for details.

²Additional information may be required to establish your account. Please see Section 2 for details.

Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, Federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section **MUST** be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a nonprofit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-U.S. citizens being named as a beneficial owner in Sub-section A or as a Control Person in Sub-section B, you must provide a non-expired government-issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth and Social Security Number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

Sub-section A - Beneficial Owner(s)

Check this box if there are no Beneficial Owners of this entity of 25% or greater. Nonprofits do not have to complete this sub-section. Please skip to sub-section B.

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Sub-section B – Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under sub-section A above may also be listed in sub-section B.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

3 Authorized Representatives *Required for all Entity Account Owners*

An entity Account Owner must designate one or more authorized representative(s) to act on its behalf and each must have a Social Security Number or Taxpayer Identification Number. Up to two authorized representatives can be listed below and an additional page can be attached, if needed.

- Check this box if the Control Person named in Sub-section B is also the Authorized Representative for the Entity named in Section 1. If so, the remaining portions of Section 3 may be left blank unless additional Authorized Representatives are to be named.

Authorized Representative, or Trustee, Information - 1

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Authorized Representative, or Trustee, Information - 2

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

4 Beneficiary Information

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. Note: A Beneficiary must be named for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) that will name a Beneficiary in the future.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

- Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

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

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

5 Select Investment Option

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)	%

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

8 Automatic Contribution Plan

Contribution Amount

.00

Investment Dates

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

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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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

9 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 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	
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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 Rebalance Form located online at www.MIsaves.com or by contacting the Program at 1-877-861-6377.

10 Signature and Certification (An Authorized Representative must sign this section or this Account will not be opened.)

By signing below, I am agreeing on behalf of the entity named in Section 1 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 on this information.
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I understand that Program may from time to time amend the Participation Agreement and the 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 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.
- If I have provided Banking Information in Section 7, I authorize the Michigan Education Savings Program on behalf of the entity named in Section 1 to debit the entity's bank account and to deposit such funds into the entity's Program Account as requested on this form. On behalf of the entity, I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree on behalf of the entity that neither Michigan Education Savings 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.

Blank line for signature and date.

Signature of Authorized Representative of Entity

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.

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with your Account Application to open an Account. These documents are required to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
Corporation	▪ Certified Articles of Incorporation or a government issued business license
Trust	▪ Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency
Partnership	▪ Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	▪ Copy of the LLC Agreement
Estate	▪ Certified copy of the court order establishing the estate.
Nonprofit Organization under IRC Section 501 (c)(3)	▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3)

You may also be required to provide additional substantiation to open and transact business in this Account. For more information, please refer to the List of Approved Documents for Substantiation by Entity Account Owners that appears on the following page.

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





Michigan Education Savings Program

List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an entity Account Owner when opening a Program Account or when conducting a transaction for that Account. Such documentation must include the following:

- **the legal status of the entity;**
- **authorization by the entity to open the Account or conduct the transaction; and**
- **authorization by the entity for the signer of the form to open the Account or conduct the transaction.**

The same document may provide substantiation of all of the three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Program administrator's designee for consideration. The Program administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - ***If judged authentic and complete***, the Program's administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - ***If judged inauthentic or incomplete***, the Program's administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.