



# Michigan Education Savings Program Authorization for Online Account Access (for Trust 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](http://www.MIsaves.com)

- Use this form to request online account access for a trust account. By signing this form, all trustees will authorize **only one trustee** to have online account access, including any future online enhancements that may include online withdrawals from the account.
- All trustees must sign this form and must have their signatures notarized in Section 4.
- Include a copy of the Trust agreement with this form, specifically the section(s) in which the trust is established and the trustee(s) named.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.
- Allow 7-10 days for mail and processing time, then visit [www.MIsaves.com](http://www.MIsaves.com) to establish online account access. You will be notified only if your submission is incomplete and/or additional information is required.

## 1 Trust Information

Provide the trust name, date of the trust agreement and trustee name(s).

Name of Trust (Line 1)

Name of Trust (Line 2)

Date of Trust Agreement

1 - Trustee Name (First, MI, Last, Suffix)

2 - Trustee Name (First, MI, Last, Suffix)

3 - Trustee Name (First, MI, Last, Suffix)

## 2 Account Information

Provide the account number and beneficiary name for each account owned by the trust and for which online account access is requested.

### > Account 1

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

### > Account 2

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

### > Account 3

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

## 3 Trustee Information (You must name only one trustee to establish online account access.)

Trustee Name (First, MI, Last, Suffix)

Trustee Name Email Address

Trustee Name (15 boxes)

Email Address (24 boxes)

Social Security Number or Individual Taxpayer Identification Number

SSN/ITIN (9 boxes)

Date of Birth (mm-dd-yyyy)

Date of Birth (8 boxes)

Gender (M/F)

Gender (1 box)

Contact Telephone Number

Contact Telephone Number (12 boxes)

### Important Information about Online Account Access

Only one trustee may have online access for an account. By signing this form, all trustees grant the trustee named above the ability to establish unrestricted online account access. The designated trustee will have the ability to manage the account online, including current online features or any that may be offered in the future without prior notice, regardless of any restrictions contained in the trust agreement.

### 4 Signature and Authorization (This section must be signed by ALL Trustees for this request to be processed.)

By signing this form, I/we request online account access for this trust account and authorize the trustee named in Section 3 to establish online account access without restriction.

- > I/we 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.
- > I/we certify that I am a trustee of this Account and I have the authority to act as the Account Owner.

<p>_____</p> <p>Trustee Name (Print)</p> <p>_____</p> <p>Trustee Signature</p> <p>_____</p> <p>Date (mm/dd/yy)</p>	<p><b>ACKNOWLEDGMENT</b></p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____</p> <p>(insert name(s)</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>
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<p>_____</p> <p>Trustee Name (Print)</p> <p>_____</p> <p>Trustee Signature</p> <p>_____</p> <p>Date (mm/dd/yy)</p>	<p><b>ACKNOWLEDGMENT</b></p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____</p> <p>(insert name(s)</p>
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<p>_____</p> <p><i>Trustee Name (Print)</i></p> <p>_____</p> <p><i>Trustee Signature</i></p> <p>_____</p> <p><i>Date (mm/dd/yy)</i></p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____</p> <p>(insert name(s))</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>

**Mail this form to:**

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

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

