

Investment Option Names

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|--|--|---|
| 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) Michigan Matching Grant (1975) ² |
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4 Systematic Withdrawal Information *(Optional)*

By completing this section, you authorize the Program to systematically withdraw funds from your Account and to pay such amounts to the payee indicated in Section 2. These systematic withdrawals will continue until the Investment Option from which the systematic withdrawal is made has insufficient funds to continue making payments or you advise the Program in writing to stop making such payments.

✓ **Select the frequency of your withdrawals.**

| | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |
|----------------------------------|------------------------------------|-----------------------------------|

✓ **Select the month(s) of your withdrawals.**

| | | | |
|--|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Every Month (or →) | <input type="checkbox"/> Jan. | <input type="checkbox"/> Feb. | <input type="checkbox"/> March |
| | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| | <input type="checkbox"/> July | <input type="checkbox"/> Aug. | <input type="checkbox"/> Sep. |
| | <input type="checkbox"/> Oct. | <input type="checkbox"/> Nov. | <input type="checkbox"/> Dec. |

✓ **Select the date(s) of your withdrawals.**

| | | |
|------------------------------|---|--------------------------------------|
| <input type="checkbox"/> 1st | <input type="checkbox"/> 15 th | <input type="checkbox"/> Other _____ |
|------------------------------|---|--------------------------------------|

5 Select a Delivery Method

Check this box for overnight delivery *(Optional, \$15 will be deducted from your Account.)*

Pay by Check *(A check will be mailed to your or your beneficiary's address of record.)*

Pay by Electronic Funds Transfer (EFT) *(Funds will be received by your or your beneficiary's bank in a few days.)*

You may select this option only if your banking information has been on file for at least 30 days and it has been verified by your bank. Before selecting this option, you may call to confirm your bank account information.

- Your bank account will be credited separately for the amount of contributions and earnings, if any, withdrawn from **each** Investment Option. Depending upon the number of Investment Option you own, you could receive multiple deposits into your bank account.
- If you select this method but you do not have a bank account on file or if your banking information has been added or changed within 30 days, a check will be mailed to your address of record.

Pay to Eligible Educational Institution (Colleges or Universities Only) *(A check will be mailed to the institution designated below.)*

Please confirm the mailing instructions with your school before submitting this form for payment and provide a student ID, if required by the school. **Note:** Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.

Eligible Educational Institution Name (School)

Student Name, ID or other Identifying Information (This information will appear only on the check.)

School Mailing Address (Line 1)

School Mailing Address (Line 2)

School City, State, Zip

² Michigan Matching Grant funds may only be sent to the beneficiary's Eligible Higher Educational Institution.

6 Signature and Certification *(This section must be signed or the withdrawal cannot be processed.)*

By signing below, I certify that the information contained in this Form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Program, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations described in the *Disclosure Booklet*.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my 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 withdrawn, unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

Reimbursement for elementary or secondary tuition payments may be sent to the Account Owner or Designated Account Beneficiary only.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. A medallion signature guarantee may be required. Please see Important Information below. If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

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

Date

Important Information

A Medallion Signature Guarantee is required: (i) for all entity Accounts except Accounts owned by a trust so long as the Program has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner; or (ii) if the address on the account has been changed within the past 30 days, if the Account was transferred to a new Account Owner in the past 30 days or if the bank account has been changed in the past 30 days and the redemption is being sent to the bank of record. A Medallion Signature Guarantee is required for all withdrawal requests of \$100,000 or more. 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 will be provided.

Note: A Medallion Signature Guarantee is not required if a *Program Power of Attorney Form* is on file for an Individual Account, or if a *Program Power of Attorney Form* accompanies this form **unless** the withdrawal request is \$100,000 or more.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Michigan Education Savings Program
PO Box 55925
Boston, MA 02205-5925

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