Michigan Education Savings Program
Account Services Form

Use this form to update your Program Account information
Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
P.O. Box 55925, Boston, MA 02205-5925
Visit www.misaves.com

Instructions

- You can update certain Account Owner or Beneficiary information by calling the Program, or you can complete and mail this form.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Sections 2 and 4, or if you intend to withdraw funds within 30 days of an address change**.** Please see the **Important Information** on the following page.
- An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Program. Note, a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA), or any entity account.
- You must complete a separate *Account Services Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Program form, by calling the Program or by visiting *www.misaves.com.*
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Program at the above address.

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

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

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

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply to you.)*

You can update certain Account Owner or Beneficiary information online, by telephone or through this form, as described below.

> **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 4.

> **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

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Account Owner's Date of Birth (mm-dd-yyyy)

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Beneficiary's Date of Birth (mm-dd-yyyy)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

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Account Owner's Social Security Number or Tax ID Number

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Beneficiary's Social Security Number or Tax ID Number

> **Address or Telephone Number: Documentation is not required.** (You can also make these changes by telephone.)

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

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

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Day Telephone Number

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Evening Telephone Number

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Program.)

[1] 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 is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number.

Any designation you make here may be changed at a future date. You may wish to consult with your financial, legal and/or tax advisor before completing this form, which may have implications for your estate and cannot be modified by a will or codicil. Please refer to the *Disclosure Booklet.*

Please check the appropriate box:

☐ **Add** a Contingent Account Owner for the first time	☐ **Change** an Existing Contingent Account Owner Designation	☐ **Revoke** a Contingent Account Owner Designation

New Contingent Account Owner Information *(Complete this section only to add or change a Contingent Account Owner.)*

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 Contingent Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.*

Residential 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)

Day Telephone Number *Evening Telephone Number*

4 Signature and Authorization *(This section must be signed for these changes to take effect.)*

By signing below, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information on my Account as indicated on this *Account Services Form*. If I have changed my address, I understand that a withdrawal cannot be processed for 30 days, unless a medallion signature guarantee[2] appears below.

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

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, a Signature Validation Program Stamp appears below.)[1]

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

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all entity Accounts and for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

AFFIX SVP STAMP HERE

Mail this form to:

Regular Mail

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

Program Administration by TIAA-CREF Tuition Financing, Inc

MI1010.ASF/A12319

TIAA CREF
FINANCIAL SERVICES FOR THE GREATER GOOD™

[2] Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.