



Michigan Education Savings Program

Michigan Education Savings Program Payroll Deduction Form

Use this form to establish or modify Payroll Deduction
Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
P.O. Box 30361, Lansing, MI 48909-7861
Visit www.misaves.com

Instructions

- Read the *Disclosure Booklet* and the *Employee Checklist* on the reverse side before completing this form.
- Use this form to contribute to your Program Account(s) for one or more Beneficiaries. Be sure to attach an *Account Application* if you are opening a new Program Account for any Beneficiary.
- Instructions contained in this form will replace any previous instructions on file **in their entirety**. You must include ALL Investment Options or Beneficiaries on this form even if you are changing the allocation for only one Investment Option or Beneficiary.
- Print in capital letters with blue or black ink. Give a copy of this form to your Employer and mail the original to the Program, along with an *Account Application*, if applicable, at the address indicated above.
- Note:** The Program can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Program (ACP). Visit the web site or call for information.

1 What would you like to do? (Check only one box, and then complete all sections of this form.)

- Establish payroll deduction for the first time Change the allocation of my contribution among Investment Options or Beneficiaries

Note: You must contact your employer to change the amount or to stop payroll deduction.

2 Employee Information (The employee must be the Account Owner or the Custodian for a Minor.)

0 1 2 - 3 4 - 5 6 7 8 2 4 8 - 5 5 5 - 1 2 3 4
 Employee Social Security or Taxpayer Identification Number Day Telephone Number

J O H N A S A M P L E
 Employee Name (First, MI, Last, Suffix)

A B C C O R P O R A T I O N
 Employer Name

9 5 M I C H I G A N A V E N U E
 Employer Address

A N Y T O W N M I 1 2 3 4 5
 Employer City, State, Zip

S U S A N S M I T H
 Employer Contact Name

2 4 8 - 5 5 5 - 6 6 1 2 E x t. 1 2 3
 Employer Contact Telephone Number

3 Contribution Instructions (You must complete all applicable parts of this section.)

- Tell your employer how much to deduct from your pay each pay period.**
 The minimum contribution is \$15 per investment option, per Beneficiary, per pay period.
Contribution Amount per pay period: \$, 2 0 0 . 0 0
- Tell your employer when to begin these deductions.**
 Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.
Effective Date (MM/YY): 0 6 - 2 0 0 6
- Tell the Program where to deposit your contributions.**
 Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name (Provide first and last name.)	Investment Options (Fund codes and names appear on the next page.)	Is this a new Option?	Percentage of each contribution
1. ANNE M SAMPLE	1934	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
2. ANNE M SAMPLE	1933	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
3. DAVID S SAMPLE	2191	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
4. DAVID S SAMPLE	2190	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

4 Employee Authorization and Signature (You must sign exactly as your Account is registered.)

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my Michigan Education Savings Program Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the Michigan Education Savings Program and its agents to make adjustments to my Account(s) to correct such error.

I understand that my Michigan Education Savings Program Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by the Michigan Education Savings Program, or upon termination of my employment with my employer.

John A Sample

June 12, 2006

Employee Signature (The employee must be the Account Owner or the Custodian for a Minor.)

Date

Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Program Account(s). Please read it carefully.

- ✓ Make sure that your employer is willing to direct your automatic payroll deductions into the Plan via Automated Clearing House (ACH) funds. If not, you may want to consider an Automatic Contribution Plan (ACP) to authorize systematic withdrawals from your bank account for deposit into the Program. Refer to the *Disclosure Booklet* for more information, then visit the Program's web site to obtain an *Electronic Banking Information Form*.
- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form. That's how your payroll deduction is remitted to the Program for deposit into your Account(s).
- ✓ Use one form to allocate your payroll deduction into your Program Account(s) for one or more Beneficiaries. You may use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%.
For example, a \$100 payroll deduction per pay period could be allocated 50% into 2 Investment Options (2 x \$50 = \$100). There are other allocation choices but the amount allocated to each Investment Option (for each Beneficiary) must be no less than \$15.
- ✓ Your payroll deduction form will be rejected in its entirety if the any allocation is not a whole percentage or if any allocation results in a contribution amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option	Fund Code
Conservative Age Based Allocation Option	Age based
Moderate Age Based Allocation Option	Age based
Aggressive Age Based Allocation Option	Age based
Principal Plus Interest Option	1934
100% Equity Option	1933
Balanced Option	2190
100% Fixed Income Option	2191

- ✓ The employee must be the Account Owner on all Program Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your Employer and mail the original to the Program, along with an *Account Application*, if applicable, at the address indicated below. It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ Use this *Authorization for Automatic Payroll Deduction Form* to change your allocation among Investment Options and/or Beneficiaries at any time. (Note: You must contact your employer to change the amount or to stop payroll deduction.)
- ✓ **Questions?** Visit www.misaves.com or call toll-free 1-877-861-MESP.

Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to the Program on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the *Michigan Education Savings Program*, i.e., DDA account number 99055121, and the next 9 digits identify the employee, i.e., the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ **Questions?** Visit www.misaves.com or call toll-free 1-877-861-MESP.

Mail this form to:

Michigan Education Savings Program
P.O. Box 30361
Lansing, MI 48909-7861



Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by TIAA-CREF Individual & Institutional Services, LLC

MI0705.FPD