

Automatic Contribution Plan (ACP)

(Minimum \$25 per investment option)

You may select the Automatic Contribution Plan (ACP) to have funds automatically transferred from your bank account to the Program. You must provide all requested information in the boxes on the following page and you must provide your *Banking Information* in Section 5 of this form to initiate ACP. It may take up to ten days to initiate this option.

✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in:	Contribution Amounts <i>(Minimum \$25 each)</i>					
Conservative Age Based Allocation Option	\$,			.
Moderate Age Based Allocation Option	\$,			.
Aggressive Age Based Allocation Option	\$,			.
Principal Plus Interest Option (1934)	\$,			.
100% Equity Option (1933)	\$,			.
Balanced Option (2190)	\$,			.
100% Fixed Income Option (2191)	\$,			.
Total Contribution Amount	\$,			.

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

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

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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✓ **Select the month(s) of your contributions.**

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"/> Jun.
	<input type="checkbox"/> Jul.	<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 contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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5 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Attach a pre-printed voided check or pre-printed deposit slip where indicated on this form. It may take up to ten days to initiate these options.

By signing this *Account Application*, you authorize the *Michigan Education Savings Program* to debit your bank account and to deposit such funds into your Program Account. You authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. You further agree 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.

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above if you check this box.

Yes, I elect the Electronic Purchase Option.

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

**Attach your pre-printed voided bank check, or
pre-printed deposit slip here, to help the Program obtain your
proper bank account information.**

6 Optional Information

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the Program. See *Notice of TIAA-CREF Privacy Policy* in the *Disclosure Booklet*.

How did you hear about the Michigan Education Savings Program? *(Check one or more.)*

- | | | | | | |
|--|---------------------------------|-----------------------------------|--|--|---|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other |
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Radio | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Program Representative |

What is your total family income?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> Over \$200,000 | |

What aspect of the Michigan Education Savings Program is most appealing to you? *(Check one or more.)*

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Professional money management |
|---|--------------------------------------|--|--|

Would you like to receive TIAA-CREF materials unrelated to the Michigan Education Savings Program?

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Program.

7 Signature and Certification *(You must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in *the Participation Agreement for Accounts Owned by Individuals* (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 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 upon 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).
- 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 QTP, Coverdell Education Savings Account or from the redemption of qualified U.S. Savings Bonds 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.

Signature of Account Owner

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.

Mail this form to:

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



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