



Michigan Education Savings Program

Michigan Education Savings Program Account Application for a Custodial Account

Use this form to open a new Program Account under UGMA/UTMA *
Questions? Call toll-free 1-877-861-MESP (1-877-861-6377),
Monday through Friday, 8:00 a.m. – 10:00 p.m. ET
P.O. Box 30361, Lansing, MI 48909-7861
Visit www.misaves.com

Instructions

- Read the *Disclosure Booklet* and *Participation Agreement for a Custodial Account* (contained in the *Disclosure Booklet*) carefully before completing this form. Read the *Important Information about Custodial Accounts for a Minor* before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Program, even if you have not opened that option through this form.
- You must complete a separate *Account Application* for each Beneficiary. You can obtain additional copies of this form by calling the Program or by visiting www.misaves.com and clicking on *Account Forms*.
- Print in capital letters with blue or black ink, sign and date this form, then mail it to the Program at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

1 Custodian Information *(You must provide all requested information.)*

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. You must provide a residential address or this Account cannot be opened.

J O H N A S A M P L E

Name (First, MI, Last, Suffix)

1 2 5 M A I N S T R E E T

Residential Street Address (This must be a street address -- a P.O. Box is not acceptable.)

A N Y T O W N M I 1 2 3 4 5

City, State, Zip

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

Mailing Address City, State, Zip

0 1 2 - 4 5 - 6 7 8 9

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 1 / 1 6 / 1 9 6 5

Date of Birth (month/day/year)

2 4 8 - 5 5 - 1 2 3 4

Day Telephone Number

2 4 8 - 5 5 - 5 6 7 8

Evening Telephone Number

F A T H E R

Relationship to Beneficiary (optional)

J S A M P L E @ C A B L E . N E T

E-mail Address (optional)

2 Minor (Beneficiary) Information *(You must provide all requested information.)*

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6

Social Security Number or Taxpayer Identification Number

F

Gender (M/F)

0 6 / 3 0 / 2 0 0 1

Date of Birth (month/day/year)

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA)

✓ **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	\$,	1	0	0	.	0 0
Aggressive Age Based Allocation Option	\$,				.	
Principal Plus Interest Option (1934)	\$,	1	0	0	.	0 0
100% Equity Option (1933)	\$,				.	
Balanced Option (2190)	\$,	1	0	0	.	0 0
100% Fixed Income Option (2191)	\$,				.	
Total Contribution Amount	\$,	3	0	0	.	0 0

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

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

<input type="checkbox"/> Bi-weekly	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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4 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 checked="" type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number: 012-987654		
Name(s) on Account (The Custodian or Beneficiary name must appear on the bank account.) John A Sample and Mary J Sample		
Bank Name: Citizens Savings	Telephone Number: 248-555-3952	

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

5 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.)

- Direct Mail E-mail Employer TIAA-CREF Colleague Other
 Television Commercial Radio Print Ad Financial Advisor Family/Friend Program Representative

What is your total family income?

- Less than \$25,000 \$25,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000
 \$100,001 - \$150,000 \$150,001 - \$200,000 Over \$200,000

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

- Tax advantages Flexibility Estate planning 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.

6 Signature and Certification (The Custodian 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 a Custodial Account* 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 on 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 also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA).
- 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.

John A Sample

Signature of Custodian

June 12, 2006

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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FOR THE GREATER GOOD™

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