



Michigan Education Savings Program

Michigan Education Savings Program Account Application for an Entity Account

Use this form to open a new Program Account
by a Trust, Estate or 501(c)(3) Organization

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, Participation Agreement for an Entity Account* (contained in the *Disclosure Booklet*), along with the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Accounts* carefully 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, or any Program 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 Entity Account Owner Information *(You must provide all requested information or the Account cannot be opened.)*

Entity Account Owners are required to provide substantiation to open an Account, as described in the documents that accompany this *Account Application*.

Type of Entity *(check one)*

- Trust or Estate (Foreign Trusts not eligible.)
- Internal Revenue Code Section IRC §501(c)(3) Organization

Type of Account *(check one)*

- Entity Account for Named Beneficiary
- Qualified Scholarship Account for Named Beneficiary
- Qualified Scholarship Account for Unnamed Beneficiary (only permitted for an IRC §501(c)(3) Organization)

S A M P L E F A M I L Y T R U S T

Entity Name

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

Principal Place of Business or Local Office 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

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

Mailing Address, if different from above address

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

Mailing Address City, State, Zip

0 1 2 - 3 4 - 5 0 7 8

Social Security Number or Taxpayer Identification Number

2 4 8 - 5 5 5 - 1 2 3 4

2 4 8 - 5 5 5 - 5 6 7 8

Day Telephone Number

Evening Telephone Number

P A R E N T S

Relationship to Beneficiary *(optional)*

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

E-mail Address *(optional)*

2 Authorized Representatives (You must provide all requested information.)

An entity Account Owner must designate one or more authorized representative(s) to act on its behalf and each must have a Social Security Number or Taxpayer Identification Number. Up to two authorized representatives can be listed below and an additional page can be attached, if needed.

Authorized Representative, or Trustee, Information - 1

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

T R U S T E E
Title or Position

0 1 2 - 3 4 - 5 6 7 8 M 0 1 / 1 5 / 1 9 6 5
Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (month/day/year)

2 4 8 - 5 5 5 - 1 2 3 4
Day Telephone Number

Authorized Representative, or Trustee, Information - 2

M A R Y J S A M P L E
Authorized Representative Name (First, MI, Last, Suffix)

T R U S T E E
Title or Position

0 1 2 - 3 4 - 5 6 7 8 F 1 2 / 1 0 / 1 9 7 0
Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (month/day/year)

2 4 8 - 5 5 5 - 1 2 3 4
Day Telephone Number

3 Beneficiary 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. Note: A Beneficiary must be named for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) that will name a Beneficiary in the future.

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 F 0 6 / 3 0 / 2 0 0 1
Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (month/day/year)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

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

City, State, Zip, Country (if foreign address)

4 Initial Contribution

Just follow these simple steps to fund your account:

- ✓ Select your Investment Option(s) and write the amount to be invested in each option
- ✓ Check the appropriate box(es) below to indicate how you will make your contribution(s).
- ✓ Call 1-877-861-6377 for assistance, if needed.

Before selecting your Investment Option(s), be sure to read the *Disclosure Booklet* for information about each option. You can make your initial and subsequent contributions by check or Electronic Funds Transfer (EFT), Rollovers from another Qualified Tuition Program or Automatic Contribution Plan (ACP), as described below and in the *Disclosure Booklet*.

Deposit my Initial Contribution(s) in:	Contribution Amounts <small>(See minimums below.)</small>									
Conservative Age Based Allocation Option	\$,			.	
Moderate Age Based Allocation Option	\$				5	0	0	.	0	0
Aggressive Age Based Allocation Option	\$.		
Principal Plus Interest Option (1934)	\$				7	5	0	.	0	0
100% Equity Option (1933)	\$.		
Balanced Option (2190)	\$		1	,	5	0	0	.	0	0
100% Fixed Income Option (2191)	\$.		
Total Contribution Amount	\$		2	,	7	5	0	.	0	0

[X] Check or Electronic Funds Transfer (EFT)

(Minimum \$25 per investment option)

You may open your account by check or by EFT.

- **To invest by check**, make check(s) payable to the *Michigan Education Savings Program*. Contributions are permitted by personal checks, bank drafts, teller's checks, money orders and checks issued by a financial institution or brokerage account payable to the Account Owner and endorsed over to the Program by the Account Owner, and third-party personal checks up to \$10,000 endorsed over to the Program by the Account Owner.
- **To invest by EFT**, check this box, indicate the amount of your initial contribution into the selected Investment Options above and provide your *Banking Information* in Section 5 of this form. It may take up to 10 days to initiate this option.

[] Rollovers under I.R.C. § 529

(Minimum \$25 per investment option)

You may open your account through a direct rollover from another Qualified Tuition Program (QTP), or through an indirect rollover from another QTP, from a Coverdell Education Savings Account (Education IRA) or from the redemption of qualified U.S. Savings Bonds.

- **To make a direct rollover**, you must submit a *Rollover Form* along with this *Account Application*.
- **To make an indirect rollover**, your rollover check must be payable to the *Michigan Education Savings Program* and must be received within 60 days of the date of withdrawal from the other program or account. Unless the Program receives a statement, including a breakdown of earnings and contributions for your original account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

[X] 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 below and you must provide your *Banking Information* in Section 5 of this form to initiate ACP, which can take up to 10 business days.

✓ 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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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 10 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 below if you check this box.

Yes, I elect the Electronic Purchase Option.

