

6. Interested Party Information (if applicable)

Complete this section if you want to have an additional person (interested party) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.

Add Replace Change current information Remove

Interested Party (First name) (M.I.)

Interested Party or Trust (Last name)

Mailing Address

City State Zip Code

Telephone Number

Relationship to Account Owner/Custodian.

Compliance Investment Advisor Parent/Guardian Other

7. Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize the Michigan Education Savings Program and its present and future direct and indirect subsidiaries, affiliates, successors and assigns the Michigan Education Savings Program to contact your Trusted Contact Person and disclose information about your Program account:
- to address possible financial exploitation;
- to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
- as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
Completion of this section is optional and you may withdraw it at any time by notifying the Program in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

Add Remove Change

Trusted Contact Person (First name) (M.I.)

Trusted Contact Person (Last name)

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Secondary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City State Zip Code

Relationship to Account Owner/Custodian.

Advisor Attorney Spouse Family Member Friend Other

8. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my Michigan Education Savings Program Account(s). This information replaces any existing information on file with the Michigan Education Savings Program. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security Number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE
Signature of Account Owner/Custodian

□□ — □□ — □□□□
Date (mm-dd-yyyy)

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- Please call Michigan Education Savings Program at **1.877.861.6377** if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Michigan Education Savings Program Description.

SIGNATURE
Signature of Former Account Owner/Custodian *(if applicable)* (In the presence of the authorized officer.)

SIGNATURE
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm-dd-yyyy)

Authorized Officer to place stamp here