

## Change Form

For Investors Utilizing  
A Financial Advisor  
(For Classes A and C)

(Intended for Michigan Residents)

# MI 529 Advisor<sup>sm</sup> Michigan Education Savings Program

This form should be used **to make changes to an existing MI 529 Advisor Plan account**, and must be preceded by or accompanied by the current Plan Disclosure Statement.

Please read it — and the related Participation Agreement—carefully, before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

If you have questions, call your MI 529 Advisor Plan Investor Services Representative toll-free, Monday–Friday, 8:00am–8:00pm Eastern Time, at **1-866-529-8818**.

Send completed form(s) to either:

*via regular mail:*

**MI 529 Advisor Plan  
PO Box 55070  
Boston, MA 02205-5070**

*via overnight courier:*

**MI 529 Advisor Plan  
c/o Boston Financial Data Services, Inc.  
30 Dan Road  
Canton, MA 02021-2809**

Terms used in this form, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

### IMPORTANT

Please complete Section I, regardless of the nature of your change. You should complete the other sections only if they pertain to your desired change.

Please complete Section II if any part of your personal information is changing (e.g., new married name, new address, etc.), or if you are transferring ownership of the account to another individual.

The Account Owner must be a U.S. Citizen or Resident Alien with a valid social security number or tax identification number.

### 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 to obtain, verify and record information that identifies each person who opens an account.

What does this mean for you? When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## I. Current Account Registration Information (required)

First Name

Middle Initial

Last Name

Social Security Number

Account Number

## II. New Account Registration Information (optional)

**PLEASE NOTE: A medallion signature guarantee is required if you are transferring ownership or changing your name. See section X.**

Name Change  Transfer of Ownership

First Name

Middle Initial

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

Citizenship of Primary Account Owner:  U.S. Citizen  Resident Alien

### New Residence (Note: no P.O. boxes permitted)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address

Apt. Number

City

State

Zip Code

Home Telephone

Work Telephone

### New Mailing Address (if different than above)

Street Address

Apt. Number

City

State

Zip Code

In the event of death of the Account Owner, a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

Complete this section if you are changing your current Beneficiary. Your new Beneficiary must be related to the existing Beneficiary, and must be a U.S. Citizen or Resident Alien. See the current Plan Disclosure Statement for details.

#### IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

You must supply a valid Social Security Number or tax identification number for the Designated Beneficiary, to open an account.

In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as:

- a) the Plan Administrator is notified in writing that Account Owner wishes to change the Beneficiary, and
- b) a valid Social Security Number or tax identification number for the new Beneficiary is provided to the Plan Administrator.

Complete this section if you are changing the investment option(s) for an existing Beneficiary, or indicating the investment options for a new Beneficiary.

**You must allocate a minimum of \$25 per portfolio.**

### E-mail Options (optional)

Old E-mail Address

- Please change the above e-mail address to the one that appears below.  
 I do NOT have an e-mail address on file; please add the one that appears below.

New E-mail Address

### New Successor Owner (optional)

- New Successor Owner

First Name Middle Initial Last Name Social Security Number (required)

### III. Change of Beneficiary (optional)

#### Existing Beneficiary

First Name Middle Initial Last Name

Relationship to Account Owner (if any) Social Security Number (required)

#### New Beneficiary

First Name Middle Initial Last Name

Relationship to Existing Beneficiary Social Security Number (required)

Street Address Apt. Number Date of Birth (MM/DD/YY)

City State Zip Code

State of residency, if different than above

Citizenship of Designated Beneficiary:  U.S. Citizen  Resident Alien

### IV. Your Investment (optional)

#### INVESTMENT OPTION 1

##### Age-Based Investment Portfolios

I wish to invest all or a portion of the contribution in the Age-Based Investment portfolio that corresponds to:  the beneficiary's current age  a hypothetical age: \_\_\_\_\_.

- |  |   |
|--|---|
| I. Aged-Based Portfolio 1 (Ages 0–8)     | IV. Aged-Based Portfolio 4 (Ages 15–16)       |
| II. Aged-Based Portfolio 2 (Ages 9–11)   | V. Aged-Based Portfolio 5 (Ages 17–18)        |
| III. Aged-Based Portfolio 3 (Ages 12–14) | VI. Aged-Based Portfolio 6 (Ages 19 and over) |

I understand the portfolio will then be automatically reallocated among other portfolios above as the beneficiary's age changes (See plan disclosure statement for details.)

Check here if you do not want this account to migrate based on the age bands provided above. Unless otherwise indicated, the age of matriculation will be presumed to be 18. Other: \_\_\_\_\_.

\$ \_\_\_\_\_ Total Amount invested in Option 1  existing assets  all future contributions

#### INVESTMENT OPTION 2

##### Static Investment Portfolios

I wish to invest all or a portion of the contribution in the following static Investment Portfolio(s).

\$ \_\_\_\_\_ Capital Appreciation Portfolio

\$ \_\_\_\_\_ Capital Preservation Portfolio

\$ \_\_\_\_\_ Total Amount Invested in Option 2  existing assets  all future contributions

**INVESTMENT OPTION 3**

**Individual Investment Portfolios**

I wish to invest all or a portion of the contribution in the following Individual Investment Portfolio(s) (that invest(s) in shares of the corresponding underlying mutual fund as indicated by the portfolio below).

**You must allocate a minimum of \$25 per portfolio.**

- \$ \_\_\_\_\_ Allianz AGIC Income & Growth
  - \$ \_\_\_\_\_ Allianz NFJ International Value
  - \$ \_\_\_\_\_ Allianz NFJ Large-Cap Value
  - \$ \_\_\_\_\_ Allianz RCM Large-Cap Equity
  - \$ \_\_\_\_\_ PIMCO Diversified Income
  - \$ \_\_\_\_\_ PIMCO Global Multi-Asset
  - \$ \_\_\_\_\_ PIMCO Government Money Market
  - \$ \_\_\_\_\_ PIMCO Real Return
  - \$ \_\_\_\_\_ PIMCO Total Return
  - \$ \_\_\_\_\_ TIAA-CREF International Equity Index
  - \$ \_\_\_\_\_ TIAA-CREF Small-Cap Blend Index
  - \$ \_\_\_\_\_ TIAA-CREF S&P 500 Index
  - \$ \_\_\_\_\_ **Total Amount Invested in Option 3**
- existing assets       all future contributions

<b>Total amount invested (for all investment options) \$ _____</b> <input type="checkbox"/> existing assets <input type="checkbox"/> all future contributions
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All Investment Portfolios can be exchanged and reallocated, not more than twice per calendar year (applicable for 2009 only) or upon certain limited conditions such as a change in beneficiary. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be payable only to the Account Owner of record and mailed to the address of record or existing wiring instructions on your account.

**V. Telephone Privileges: Exchanges and Withdrawals** (optional)

Your account will automatically be coded to allow for certain telephone privileges unless you decline such privileges by marking one or more of the boxes below:

- I decline *telephone exchanges*:  by account owner or financial advisor on account  
 I decline *telephone withdrawals*:  by account owner or financial advisor on account

If you do not decline the telephone privileges above, the Plan Administrator may accept telephone instructions from any person identifying himself/herself as the owner of an account or the financial advisor on the account provided that the Plan Administrator follows reasonable procedures and believes the instructions to be genuine, and thus you risk possible losses in the event of a telephone request not authorized by you. See Plan Disclosure Statement for details.

**VI. FundLink<sup>sm</sup> Options** (optional)

FundLink is a service which "links" your MI 529 Advisor Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

- I hereby request that my MI 529 Advisor Plan account and my bank account (listed in Section 8) be "linked" to allow purchases to be debited upon your authorization and/or in accordance with the Auto-Invest instructions below.

**VII. Auto-Invest** (optional)

Authorization to honor checks or ACH debits for automatic investment in your account.

- I hereby request to automatically invest on or about the \_\_\_\_\_ day of month, of each  
 month  quarter, in my/our account, in the amount and in the Investment Portfolio(s) indicated below.

Portfolio Name \_\_\_\_\_ Amount (\$25 minimum per portfolio)

Portfolio Name \_\_\_\_\_ Amount (\$25 minimum per portfolio)

Portfolio Name \_\_\_\_\_ Amount (\$25 minimum per portfolio)

**VIII. Bank Account Information** (for FundLink and/or Auto-Invest) (optional)  
**(Medallion Signature Guarantee Required—See Section X)**

Please provide information on the bank you would like to link your account to.

**Type of Account** (Select one):  Checking Account  Savings Account

Account Name (Print title of your account exactly as it appears on your records.) \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Name and Address \_\_\_\_\_

Signature / Date \_\_\_\_\_ Signature #2 (if joint bank account, both must sign) / Date \_\_\_\_\_

**IMPORTANT:** Tape your pre-printed, voided check at left (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

**You must also complete Section VIII of this application to participate in FundLink or Auto-Invest.**

**IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS**

\$25 minimum for each Portfolio selected. Automatic investments are subject to the following conditions: 1. Your bank account will be charged on or about the date of each investment as indicated. 2. The privilege of making investments by Auto-Invest may be revoked by the Plan Administrator without prior notice if any check is not paid upon presentation. The Plan Administrator shall be under no obligation to notify the undersigned as to the non-payment of any check. 3. Auto-Invest may be discontinued by the Plan Administrator upon thirty (30) days written notice prior to any investment date or by the undersigned at any time by written notice to the Plan Administrator, provided such notice is received at least ten (10) business days prior to the due date of any investment.

Tape voided check or deposit slip here.

See "Rights of Accumulation" in the Plan Disclosure Statement. If multiple accounts are held or are being established at this time, and one or more of these accounts are UGMA/UTMAs, please attach a letter of instruction to ensure all accounts are linked for the purpose of Rights of Accumulation.

If no date is specified, the date of this purchase will be presumed to be the "initial purchase date."

The minimum initial investment under a Statement of Intent is 5% of the aggregate amount to be contributed.

To be filled out by financial advisor.

**NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.**

## IX. Reduced Sales Charge Choose one only.

(This option available for Class A shares only.) (optional)

### Right of Accumulation

I own units in other MI 529 Advisor Plan options which may entitle this purchase to have a reduced sales charge under provisions in the Plan Disclosure statement.

Existing Account Name

Account Number

Existing Account Name

Account Number

### Letter of Intent

I agree to the Letter of Intent conditions stated in the current Plan Disclosure Statement. I intend to invest, within a 13-month period beginning on \_\_\_\_\_ (initial purchase date), in Units of the Investment Portfolio(s) purchased with this application and one or more of the other Investment Portfolio(s) listed in Section 3 above, an aggregate amount which, together with the value of Units of any eligible Investment Portfolio(s) owned by me on the initial purchase date, will be at least equal to:

\$100,000       \$250,000       \$500,000       \$1,000,000

If no date is specified, the initial purchase date will be the date of purchase.

## X. Signature and Agreement of Account Owner (required)

By signing below, I request that the changes, indicated on this form and any accompanying letter of instruction, be made to my MI 529 Advisor Plan Account, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement, and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. **I understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I do not contact Allianz Global Investors Distributors LLC. ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE STATE OF MICHIGAN, ITS AGENCIES OR INSTRUMENTALITIES, THE STATE TREASURER, THE MICHIGAN DEPARTMENT OF TREASURY, TIAA-CREF TUITION FINANCING, INC., ALLIANZ GLOBAL INVESTORS DISTRIBUTORS, LLC AND ITS SUBCONTRACTORS AND AFFILIATES, ANY VENDORS, CONTRACTORS, INVESTMENT ADVISORS OR INVESTMENT MANAGERS SELECTED OR APPROVED BY THE STATE AND ANY AGENTS, REPRESENTATIVES, OR SUCCESSORS OF ANY OF THE FOREGOING (THE "PARTIES"), MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE ADVISOR PLAN ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PLAN ADMINISTRATOR ON BEHALF OF THE STATE, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE PARTIES FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.**

Signature

Date

**Medallion Signature Guarantee—Required if Section II or VIII are completed.**

## XI. Dealer Information (required)

Advisor's Last Name

First Name

M.I.

Rep I.D. No.

Advisor's Branch Office Address

City

State

Zip Code

Branch Number

Telephone Number

Dealer Name

Telephone Number

Dealer Home Office Address

City

State

Zip Code