

Account Application

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

(Intended for Michigan Residents)

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

You must be a U.S. Citizen or Resident Alien with a valid social security or tax identification number to open an account.

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, social security number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the NASD, or a municipal securities broker-dealer, please provide the company name at right.

MI 529 Advisorsm Michigan Education Savings Program

This application may be used to purchase Class A and C Units of the **MI 529 Advisor Plan**. The application must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it—and the related Participation Agreement—carefully, before you invest. If you have questions, call your MI 529 Advisor Plan Investor Services Representative, Monday–Friday, 8:00am–8:00pm Eastern Time, toll-free, at **1-866-529-8818**.

Send this application with your **check made payable to MI 529 Advisor Plan** 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

1. Account Owner Information

Individual/Primary Account Owner (or Custodian, or Trustee, or Corporation)

Are you funding this account with cash proceeds from the sale of assets held in an UGMA, UTMA or other custodial account? Yes No (See Plan Disclosure Statement for details.)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

Occupation Name and Address of Employer, if applicable

Exact Name of Trust or Corporation, if applicable Tax ID Number (of Trust or Corporation)

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

Residence (NO P.O. boxes)

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

E-mail Address (optional)

Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Affiliations

Company Name

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. 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.

2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

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.

If your contribution is a rollover, please attach a completed rollover form, and consult the Plan Disclosure Statement for details on the implications of such a contribution.

IMPORTANT NOTES

Class C Unit purchases:

1. Maximum permitted investment in Class C Units is \$499,999. See Plan Disclosure Statement for details.

Advisors: You have the flexibility to make a recommendation to purchase a Portfolio that is more or less aggressive than that of the Portfolio which corresponds to the beneficiary's age at the time of purchase, by indicating a "hypothetical age" for the beneficiary at right.

Minimum initial contribution:
\$25 (\$25 minimum per portfolio);
Maximum balance limit: \$235,000 per beneficiary (including contributions in MESP Direct Program and MET).

**Make check payable to:
MI 529 Advisor Plan.**

2. Designated Beneficiary

First Name	Middle Initial	Last Name
------------	----------------	-----------

Relationship to Account Owner, if any	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

3. Successor Owner

Successor Owner (optional)

First Name	Middle Initial	Last Name
------------	----------------	-----------

Date of Birth	Social Security Number (required)
---------------	-----------------------------------

4. Your Investment

Is your contribution a tax-free rollover from another 529 plan, a Coverdell Education Savings Account, or a qualified U.S. Savings Bond? Yes No

Unit Class

Select the Class of Units you are purchasing.

- Class A Units with initial sales charge Class A Units load-waived (Please indicate reason below.)
- Class C Units

Reason for waiving sales charge of Class A Units (See Plan Disclosure Statement for allowable circumstances.)

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 hypothetical age: ____.

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

- I understand the portfolio will then be automatically reallocated among the 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**

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**

A complete and up-to-date list of Select Fund Investment Portfolios can be found in the current Plan Disclosure Statement, or by visiting our Web site: www.MI529advisor.com

Minimum initial contribution: \$25 (\$25 minimum per portfolio);
 Maximum balance limit: \$235,000 per beneficiary (including contributions in MESP Direct Program and MET).
**Make check payable to:
 MI 529 Advisor Plan.**

All Investment Portfolios can be exchanged and reallocated, not more than twice per calendar year (applicable for 2009) 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.

You must also complete Section 8 of this application, "Bank Account Information," 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.

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(s) below.

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

Total amount invested (for all investment options) \$ _____

5. Telephone Privileges: Exchanges and Withdrawals

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.

6. FundLinksm Options

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 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.

7. Auto-Invest

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

I 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)

8. Bank Account Information (for FundLink and/or Auto-Invest)

Please "link" my MI 529 Advisor Plan account to my: Checking Account Savings Account

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

Bank Name and Branch Address

Signature Date

Signature (if joint bank account, both must sign) Date

IMPORTANT: Please tape your pre-printed, voided check below (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).

See "Right of Accumulation" in the Plan Disclosure Statement, for details. 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.

Sign exactly as the account is to be registered.

Section 11 is to be completed by your 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.

9. Reduced Sales Charge (This option available for Class A Units only.)

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.

10. Signature and Agreement of Account Owner

By signing below, I request that a MI 529 Advisor Plan Account be established, and upon such opening 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. I understand that you may supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify in writing not to do so. Account Owner understands that Account Owner assumes all investment risk of an investment in the Program, including the potential loss of principal. If I am requesting that a trust account be opened, I certify that (i) I am the Trustee of said Trust, (ii) I have provided a copy of the Trust agreement (as amended) and (iii) I certify that the Trust is still in existence and none of the conditions for termination have occurred. **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.**

Individual Signature

Date

11. Dealer Information

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

BIN — Broker Identification Number (Your client's account number with your firm for networking purposes), if applicable

Send application with check made payable to "MI 529 Advisor Plan". (See pg 1 for mailing address.)

The Plan Administrator reserves the right to require payment by wire or U.S. Bank Check. The Plan Administrator generally does not accept payments made by cash, temporary/starter checks, third party checks, credit cards, traveler's checks, credit card checks, or checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank).