

Residential Address City

Grid for Residential Address City

State

Grid for State

Zip Code

Grid for Zip Code

Telephone Number

Grid for Telephone Number

Mailing Address (If different than above)

Grid for Mailing Address

Mailing Address City

Grid for Mailing Address City

State

Grid for State

Zip Code

Grid for Zip Code

4 Add, Change or Revoke Successor Owner Information

The Successor Owner will become the Account Owner in the event of the Account Owner's death. If no Successor Owner is designated, the Account will generally be deemed assets of the Account Owner's estate. Custodians of UGMA/UTMA Accounts should refer to the Plan Disclosure Booklet regarding limitations surrounding the designation of a Successor Owner.

Please check the appropriate box:

Add a Successor Owner for the first time

Change an existing Successor Owner designation

Revoke a Successor Owner designation

New Successor Owner Information (Complete this section only to add or change a Successor Owner)

Name (First, MI, Last, Suffix or Entity Name) (Foreign trusts are not eligible)

Grid for Name

Social Security Number or Taxpayer ID Number

Grid for Social Security Number or Taxpayer ID Number

Gender (M/F)

Grid for Gender

Date of Birth (mm-dd-yyyy)

Grid for Date of Birth

5 Change of Designated Beneficiary

The Designated Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. Unless otherwise indicated below, all existing investments will be transferred into an Account in the new Designated Beneficiary's name. By completing this section, you intend to change the Designated Beneficiary to a Member of the Family of the current Designated Beneficiary, as defined by Section 529 of the Internal Revenue Code. This change is not permissible if it would cause the Maximum Contribution Limit to be exceeded. Please refer to the Disclosure Booklet for information about the Maximum Contribution Limit. You will be notified if the intended change would cause this limit to be exceeded. Only one Account may be opened for each Designated Beneficiary.

Existing Designated Beneficiary Information

Name (First, MI, Last, Suffix)

Grid for Name

Account Number

Grid for Account Number

Social Security Number or Taxpayer ID Number

Grid for Social Security Number or Taxpayer ID Number

Gender (M/F)

Grid for Gender

Date of Birth (mm-dd-yyyy)

Grid for Date of Birth

New Designated Beneficiary Information

Name (First, MI, Last, Suffix)

Grid for Name

Account Number, if any

Grid for Account Number

Social Security Number or Taxpayer ID Number

Grid for Social Security Number or Taxpayer ID Number

Gender (M/F)

Grid for Gender

Date of Birth (mm-dd-yyyy)

Grid for Date of Birth

Relationship to Existing Designated Beneficiary

Grid for Relationship to Existing Designated Beneficiary

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

Residential Address (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

Grid for Residential Address

Residential Address City

Grid for Residential Address City

State

Grid for State

Zip Code

Grid for Zip Code

Transfer Amount from Account for Existing Beneficiary to Account for New Designated Beneficiary

You can request a transfer of all or a portion of your Account.

- Transfer **ENTIRE balance** (No additional information is required to complete this section); **OR**
 Transfer a **PARTIAL balance** (Complete the information below to provide instructions in dollars OR as a percentage)

Note, if you request a PARTIAL transfer, you must indicate the Investment Portfolio(s) from which the transfer will be made, the Unit class(es) to be redeemed, and how much to transfer from the designated Investment Portfolio(s). Even if the Account holds only one Unit class in a designated Investment Portfolio, please identify the Unit class to be redeemed. If multiple Unit classes of a designated Investment Portfolio are being redeemed, provide the requested information on separate lines for each Unit class.

Investment Portfolio Name <i>(Investment Portfolio names listed below)</i>	Unit Class to be Redeemed	Indicate the Outgoing Amount <i>(in dollars OR percentage)</i>				
		Dollars			Percentage	
		\$		,	.	.00%
		\$		,	.	.00%
		\$		,	.	.00%
		\$		,	.	.00%
Total OUTGOING Amount		\$		,	.	100%

Transfer Amount to New Designated Beneficiary

Indicate the incoming transfer amount either in dollars **OR** as a percentage of the **TOTAL** amount being transferred.

Complete only one column in either dollars or as a percentage.

Investment Portfolio Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>				
	Dollars			Percentage	
	\$		,	.	.00%
	\$		,	.	.00%
	\$		,	.	.00%
	\$		,	.	.00%
Total INCOMING Amount	\$		,	.	100.00%

6 Banking Information

You may add, change, or delete banking information on file with MAP. Your banking information may be used to make contributions through an Automatic Contribution Plan or Electronic Funds Transfer, and banking information for you or the Designated Beneficiary may be used to receive withdrawal proceeds electronically. Provide a pre-printed voided check or pre-printed deposit slip along with this form.

Type of Banking Information Change (check one)

- Add new banking information for the Account Owner (provide instructions below)
 Add new banking information for the Designated Beneficiary (provide instructions below)
 Modify banking information currently on file for the Account Owner (provide instructions below)
 Modify banking information currently on file for the Designated Beneficiary (provide instructions below)
 Delete banking information currently on file for the Account Owner
 Delete banking information currently on file for the Designated Beneficiary

Type of Account (check one):		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Bank Account Number:		Bank Routing Number:
Name(s) on Account (The Account Owner's, Custodian or Entity or Designated Beneficiary's name must appear on the bank account, as applicable)		
Bank Name:		Bank Telephone Number:

7 Contributions From Third-Party Bank Accounts *(Complete if applicable)*

The following information must be provided if a third-party (i.e., a person other than you as the Account Owner) wishes to make one or more contributions to the Account by authorizing the Plan to directly withdraw amounts from his or her bank account. If the third-party previously authorized such withdrawals from his or her bank account, this section may also be used to change the third-party's personal information, bank information, and/or withdrawal instructions. All of the information requested in this section must be provided, including the third-party's signature and a notarization. Provide a pre-printed voided check or pre-printed deposit slip along with this form.

The third-party may authorize the Plan to debit his or her bank account as a one-time electronic funds transfer or periodically through an Automatic Contribution Plan. The third-party may cancel future withdrawals from his or her bank account at any time by contacting the Plan Manager.

The third-party will not retain any rights with respect to amounts contributed to the Account. The Account Owner becomes the legal owner of any amounts contributed to the Account by the third-party. The contribution(s) will be allocated in accordance with the Account Owner's standing Allocation Instructions. The Plan will not permit withdrawals from the Account to be deposited into the third-party's bank account.

Quarterly Account statements and confirmation statements are sent only to the Plan Account Owner unless a completed Authorization to receive Plan Information form has been received by the Plan with instructions to send Account statements or confirmation statements to a third party. Contributors should retain and review bank account statements regarding contributions made to the Plan.

Third-Party's Personal Information

Name *(First, MI, Last, Suffix)*

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

Residential Address City

State

Zip Code

Mailing Address, if different from the above address

Mailing Address City

State

Zip Code

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Day Telephone Number

Evening Telephone Number

Third-Party's Bank Information

Type of Account <i>(check one)</i> :	<input type="checkbox"/> Checking
	<input type="checkbox"/> Savings
Account Number:	Routing Number:
Name(s) on Account <i>(the third-party's name must appear on the bank account)</i> :	
Bank Name:	Bank Telephone Number:

Third-Party Signature and Authorization

By signing below, I authorize the Plan, as applicable, to debit my bank account, or to change information associated with withdrawals that I previously authorized, as provided in this section of this form. I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan 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.

As a person other than the Account Owner for the Account to which the contribution(s) will be made, I understand that I will not retain any rights with respect to the amounts withdrawn from my bank account once they are credited to the Account. I further understand that once the amounts withdrawn from my bank account are credited to the Account, the Account Owner becomes the rightful owner of all such amounts and retains full control thereof.

Signature and Notarization are Required to Add Third Party Bank Instructions

Signature of Third-Party	Date
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The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand this

____ day of _____, 20____.

Signature of Third Party Bank Account Owner

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (date)

by _____

(name of person).

Notary Public (Seal)

My term expires: _____

8 Automatic Contribution Plan

Type of Automatic Contribution Plan Change (check one)

- Add new Automatic Contribution Plan (provide instructions below)
- Modify Automatic Contribution Plan currently on file (provide instructions below)
- Delete Automatic Contribution Plan currently on file

Contribution Amount
\$ _____ .00

Investment Dates

If none selected, then your bank withdrawals will occur monthly. If bi-weekly is selected, then your bank withdrawals will occur every other week. If quarterly is selected, then your bank withdrawals will occur in March, June, September, and December.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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If "Monthly," please select the day each month that your bank withdrawals will occur.
If none selected, then your bank withdrawals will occur on the fifth of each month.

Day of the Month

If "Quarterly," please select the dates for quarterly contributions by entering the day in March, June, September, and December that your bank withdrawals will occur.
If none selected, then your bank withdrawals will occur on the fifth of March, June, September, and December.

	March	June	Sept	Dec
Date				

If "Other," please select the month(s) and day(s) your automatic contributions will be made (you must select at least one month and one day for each month).

<input 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"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Day of Each Month

9 Allocation Instructions

Establish or change my Allocation Instructions as indicated below for my future contributions.

- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal 100%.
- You can change your Allocation Instructions online, by telephone, or by form at any time.

Unit Class

Select the Class of Units to be purchased:

- Class A Units with initial sales charge.
- Class C Units with contingent deferred sales charge.
- Class A Units with waived initial sales charge. (Please indicate reason below)
 - Current or retired employee or director of eligible dealer/firm, or immediate family member of any such person (identify dealer/firm below)
 - Fee-based Account
 - Employee of Selling Institution or immediate family member of any such person (identify dealer/firm below): By checking this box, I certify that I am an employee for at least the last 90 days of a Selling Institution, or an immediate family member of any such person, and therefore qualify to purchase Class A Units at Net Unit Value as outlined in the Disclosure Booklet and the Participation Agreement.

Select Portfolios to be purchased:

Investment Portfolio			Whole Percentage <i>(per Investment Portfolio)</i>
Share Class and Fund	Class A	Class C	
Age-Based Investment Portfolio	<i>Age-Based</i>	<i>Age-Based</i>	%
Capital Appreciation Portfolio	<i>Fund 6518</i>	<i>Fund 6519</i>	%
Conservative Allocation Portfolio	<i>Fund 6520</i>	<i>Fund 6521</i>	%
Oakmark International Portfolio	<i>Fund 6522</i>	<i>Fund 6523</i>	%
Santa Barbara Dividend Growth	<i>Fund 6524</i>	<i>Fund 6525</i>	%
Harding Loevner Global Equity	<i>Fund 6526</i>	<i>Fund 6527</i>	%
Nuveen Strategic Income Portfolio	<i>Fund 6528</i>	<i>Fund 6529</i>	%
Nuveen Inflation-Linked Portfolio	<i>Fund 6530</i>	<i>Fund 6531</i>	%
Principal Plus Interest Portfolio	<i>fund 6532</i>	<i>Fund 6533</i>	%
MetWest Total Return Bond Portfolio	<i>Fund 6534</i>	<i>Fund 6535</i>	%
TIAA Large Cap U.S. Equity Index Portfolio	<i>Fund 6536</i>	<i>Fund 6537</i>	%
TIAA U.S. Small Cap Portfolio	<i>Fund 6538</i>	<i>Fund 6539</i>	%
TIAA Large Cap Value Portfolio	<i>Fund 6540</i>	<i>Fund 6541</i>	%
Harbor Capital Appreciation Portfolio	<i>Fund 6542</i>	<i>Fund 6543</i>	%
Ariel Portfolio	<i>Fund 6544</i>	<i>Fund 6545</i>	%
DFA Emerging Markets Portfolio	<i>Fund 6546</i>	<i>Fund 6547</i>	%
Nuveen Alternative Income Portfolio	<i>Fund 6548</i>	<i>Fund 6549</i>	%
TIAA Social Choice Equity Portfolio	<i>Fund 6550</i>	<i>Fund 6551</i>	%
TIAA Social Choice Bond Portfolio	<i>Fund 6552</i>	<i>Fund 6553</i>	%
Nuveen Real Asset Income Portfolio	<i>Fund 6554</i>	<i>Fund 6555</i>	%
TOTAL			100%

10 Reduced Sales Charge (This option is applicable for purchases of Class A Units only)

Rights of Accumulation

I already own Class A and/or Class C units in MAP which may entitle my purchases to have a reduced initial sales charge under provisions in the Disclosure Booklet.

Existing Account Number

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Existing Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Letter of Intent (LOI)

By checking the box above, I understand that my purchases made within a period of 13 months for this Account or my other Accounts (for either Class A or Class C Units, or both) will be included in the aggregate amount indicated below and therefore will count toward the fulfillment of this LOI.

I agree to the conditions of the LOI as stated in the current Disclosure Booklet, including the minimum purchase requirement and escrow provisions. I intend to contribute, within a 13-month period, beginning on the date of my initial contribution on or following the date of this LOI, an aggregate amount which, together with my initial purchase, will be at least equal to:

<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000*
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*Requires purchases of Units for multiple Accounts on behalf of multiple Designated Beneficiaries due to Maximum Contribution Limit

11 Signature and Authorization (This section must be signed for these changes to take effect)

By signing below as the Financial Advisor for the account referenced in Section 1 of this form, it is my intention to change the information indicated on this form and any accompanying LOI on this Account as indicated on this *Account Information Change Form*. If the address has changed if there has been a change to the banking information on file, I understand that a withdrawal cannot be processed for 30 days, unless a medallion signature guarantee appears below.

If the Account Owner has designated a Successor Owner, then I understand this form, rather than a will or codicil, should be used to change or revoke the Successor Owner designation. In addition, I understand that ownership of this Account cannot be transferred to the designated Successor Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. The Account Owner or I will notify the Successor Owner of his/her status.

I authorize the *Michigan 529 Advisor Plan* to debit the bank account referenced on this Form and to deposit such funds into this Account as requested on this form. If contributions through the Automatic Contribution Plan or by Electronic Funds Transfer are authorized on this form, I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the *Michigan 529 Advisor Plan* 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.

For all changes of Account ownership, the signature of the Account Owner, Custodian, or Authorized Representative of an Individual or Entity Account Owner appears below.

Signature of Financial Advisor or Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner	Date
--	------

Required for change of Account Ownership only

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner	Date
---	------

By checking this box, I authorize the Financial Advisor named in Section 12 of this form to conduct transactions via telephone on my behalf.

IMPORTANT INFORMATION

A Signature Validation Program Stamp or Medallion Signature Guarantee Stamp is required for legal name changes, if you plan to redeem funds from your Account within thirty days of an address change or change of banking information, or if you plan to redeem funds from your Account within thirty days of a change of ownership.

AFFIX SVP STAMP HERE

12 Dealer Information

<i>Financial Advisor's Name</i>	<i>Rep ID Number</i>

<i>Financial Advisor Branch Office Address</i>

<i>Financial Advisor Branch Office Address City</i>	<i>State</i>	<i>Zip Code</i>

<i>Branch Number</i>	<i>Telephone Number</i>

<i>Dealer Name</i>	<i>Telephone Number</i>

<i>Financial Advisor Branch Office Address</i>

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

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Mail This Form To:

Via regular mail:

MI 529 Advisor Plan
 PO Box 219295
 Kansas City, MO 64121-9295

Via overnight courier:

MI 529 Advisor Plan
 c/o DST
 430 W 7th Street Suite 219295
 Kansas City, MO 64105-1407