



Authorization for Online Account Access

(Only for Accounts Owned by a Trust)

For Investors Utilizing a Financial Advisor

Questions? Call 1-866-529-8818

P.O. Box 219295 Kansas City, MO 64121-9295

Monday – Friday, 8:30 a.m. – 6:00 p.m. ET

Instructions

- Use this form to request online account access for an MI 529 Advisor Plan (“MAP”) Account (or Accounts) owned by a trust. By signing this form, all trustees will authorize **only one trustee** to have online account access, including to any future online enhancements.
- All trustees must have their signatures notarized in Section 4, or an executed All Purpose Certificate of Acknowledgement must accompany this form.
- Include a copy of the trust agreement with this form or the section(s) of the trust agreement in which the trust is established and the trustee(s) are named.
- Print in capital letters using blue or black ink, sign and date the form and mail it to MAP at the above address.
- Allow 7-10 days for mail and processing time, then visit www.MI529advisor.com to establish online account access. You will be notified only if your submission is incomplete and/or additional information is required.

1	Trust Information Provide the trust name, date of the trust agreement, and the trustee name(s). If the trust has additional trustees, include a separate sheet providing the requested information.
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Name of Trust (Line 1)

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Name of Trust (Line2)

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Date of Trust Agreement (mm-dd-yyyy)

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1 – Trustee Name (First, MI, Last, Suffix)

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2 – Trustee Name (First, MI, Last, Suffix)

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3 – Trustee Name (First, MI, Last, Suffix)

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2	Account Information If the trust owns additional Accounts; include a separate sheet providing the requested information.
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Provide the Account number and Designated Beneficiary name for each Account owned by the trust and for which online account access is requested.

> **Account 1**

MAP Account Number (Leave blank for a new Account.)

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Designated Beneficiary Name (First, MI, Last, Suffix)

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> **Account 2**

MAP Account Number (Leave blank for a new Account.)

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Designated Beneficiary Name (First, MI, Last, Suffix)

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> **Account 3**

MAP Account Number (Leave blank for a new Account.)

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Designated Beneficiary Name (First, MI, Last, Suffix)

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<p>_____</p> <p><i>Trustee Name (Print)</i></p> <hr/> <p>_____</p> <p><i>Trustee Signature</i></p> <hr/> <p>_____</p> <p><i>Date (mm/dd/yy)</i></p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____,</p> <p style="text-align: center;">(insert name(s))</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>
<p>_____</p> <p><i>Trustee Name (Print)</i></p> <hr/> <p>_____</p> <p><i>Trustee Signature</i></p> <hr/> <p>_____</p> <p><i>Date (mm/dd/yy)</i></p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____,</p> <p style="text-align: center;">(insert name(s))</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>

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