Michigan Department of Treasury
2773 (Rev. 05-25)

Contract Number(s)	

Notice to Terminate a MET Education Benefits Contract

Issued under Public Act 316 of 1986.

SECTION I *Beneficiary Name (Student)

Use this notice when attending a Michigan independent or out-of-state institution under Full, Limited and Community College contract (or Michigan public institution if you have a Community College contract) OR to receive a refund. Submit this notice to MET no later than July 15 before the Academic Year in which the Beneficiary (student), wishes to terminate the contract. Allow 2-3 weeks for processing. See General Instructions on page 3. If you are unsure of the appropriate reason for termination or effective date requested below, call MET at (800)-638-4543.

Beneficiary's Social Security Number

Street Address	Daytime Telephone
City, State, ZIP Code	Email Address
EFFECTIVE DATE REQUIRED UNDER ALL OPTIONS:	Name of Institution Beneficiary Will Attend
Semester (Check One):	
Fall Winter Spring Summer Year:	
SECTION II	
The Beneficiary must select one (1) of the following options:	
a. Beneficiary will attend a Michigan independent (private), not-for acceptance letter. MET will direct your refund to the college/ur	-profit, degree granting college or university. Attach a copy of your iversity at Weighted Average Tuition <i>unless</i> checked below.
	Lowest Tuition. The Refund Designee must complete and submit form lower refund than if MET pay pays the college/university directly.
	university. Attach a copy of your acceptance letter. MET will direct your contracts) or Lowest Tuition (Limited benefits contracts) unless checked below.
	Lowest Tuition. The Refund Designee must complete and submit form school directly (Full and Community College contracts.) Limited Benefits
	a United States Military Academy or is enrolled under GI Benefits. Attach: e covered per term/semester as well as number of terms/semesters covered plete and submit form Federal W-9.
	on. Complete the affidavit on the reverse side of this form stating that you, the . The affidavit must be notarized. A termination fee of \$100 shall be deducted ate and submit form Federal W-9.
person with legal authority to act on behalf of the Beneficiary sh	ted statement of the Beneficiary's Disability. If the Beneficiary has died, the could submit a certificate of death and sign the form below in place of the Benefete and submit form Federal W-9. (Regardless of where you direct refund).
f. Beneficiary has a Full or Limited Benefits contract and has or w refund payable to the Community College.	ill attend a Community College and intends to terminate the Contract for a
g. Military. Attach: 1) Copy of enlistment contract and 2) The Refu	und Designee must complete and submit form Federal W-9.
	a Michigan public 4-year university. Attach a copy of your acceptance letter. the Tuition (of all public Community Colleges) <i>unless</i> checked below.
I request MET directs refund to the Refund Designee at I pays the university directly. The Refund Designee must	Lowest Tuition (Community College). This option pays less than if MET tomplete and submit form Federal W-9.
i. Beneficiary will attend a technical or trade school, or an apprending institution. Attach a copy of your acceptance letter or other page 1.	ticeship program, which is a non-degree granting (diploma/certificate)
	rect refund to the Refund Designee at Lowest Tuition. The Refund esignee must complete and submit form Federal W-9.
*Signature of Beneficiary (Student)	Date
* Reneficiary must be at least 18 years of age or have a high school diplon	na. If you are not 18 years of age, attach a copy of your high school diploma.
25.15.15.16.7 made so at loads to yours of age of mave a might solidor diplon	inal in you and not to yours of ago, account a copy of your might solder diploma.

MAIL TO:

Michigan Education Trust PO Box 30198, Lansing MI 48909

E-mail to: TreasMET@Michigan.gov

Contract Number(s)	

Michigan Education Trust Affidavit

		, being first duly sworn, states:
Signature of Bene	eficiary (Student)	
1. I am at le	ast 18 years of age or have a	high school diploma. (Attach: copy of high school diploma if not 18.)
2. I am the I	Beneficiary of Michigan Educa	tion Trust (MET) Contract Number
	avit is submitted to MET in orde	er to comply with the requirements of my "Notice to Terminate a MET
4. I <u>do not</u> p	olan to attend a higher education	on institution as defined in the MET contract.
County of		
County of	day of	
County of	day of	,, before me, a Notary Public in and for the County and Sta personally appeared who after being duly sworn, represented a
County of On this	day of	,, before me, a Notary Public in and for the County and Sta personally appeared who after being duly sworn, represented a
County of On this	day of printed name of Beneficiary	
County of On this	day of printed name of Beneficiary	
County of On this above, acknowledged Notary Public	day of printed name of Beneficiary	

GENERAL INSTRUCTIONS

This overview is provided for informational purposes only. For full details on the type of MET contract you have and use of your MET contract, review the MET Student Guidebook at Michigan.gov/setwithmet/manage. This information does not supersede the provisions of your MET Contract.

These instructions are to assist in completing "Notice to Terminate a MET Educational Benefits Contract" (form 2773). Incomplete or late submissions (after July 15) may result in a delayed payment. Submissions can be made earlier if you are 18 years old or have graduated high school. If you are not 18 years old, you must include a copy of your high school diploma with the other requested documentation.

DEFINITION OF TERMINOLOGY

Section I.

Termination: The MET Contract term for converting MET credit hours into a refund amount. The refund amount may be paid to a Michigan Independent (private) or out-of-state (outside of Michigan) college/university over time to provide educational benefits. *Or, the refund may be paid to the Refund Designee.*

You may terminate online when paying a degree granting college/university directly. Terminations paid to the Refund Designee must be submitted to MET manually. To access your contract for specific details on your educational benefits, visit SETwithMET.com, proceed to the Quick Links area, and select "Account Login." You will need your contract number(s) and Social Security number. Once logged in select the "Prepaid Benefits tab." Scroll down to "Notice to Terminate MET Educational Benefits" and complete the form.

Beneficiary: This is the student.

Effective Date: The semester and year that you expect MET to BEGIN payments to your higher education institution. Payments will continue from the noted semester/year until your benefits have been exhausted or 15 years from high school graduation. The Effective Date also applies when seeking a refund payable to the Refund Designee as the rate is determined by the semester and year selected.

Section II.

Making your selection: The Beneficiary must select one item from the items labeled "a" to "i."

Refund Designee: This is the person who will receive

the refund if not paid directly to a college/university. This person was chosen by the Purchaser when the contract was purchased. If you do not know who the Refund Designee is you can look at the Contract Data Sheet (issued at time of purchase). Or, view your contract online at SETwithMET.com or call MET at 1-800-638-4543.

Michigan Independent Institution: A private, degree granting, not-for-profit college/university.

Out-of-State Institution: A degree granting higher education institution outside of Michigan.

Technical or Trade school: A program that awards a certificate or diploma upon completion, not an associates or bachelor's degree.

Weighted Average Tuition: This refund amount is payable directly to a Michigan independent institution. It is determined by the MET contract and current tuition at Michigan's public universities. Historically a higher refund amount than Average Tuition and Lowest tuition.

Average Tuition: This refund amount is payable directly to an out-of-state institution (Full Benefits contracts only). It is determined by the MET contract and current tuition at Michigan's public universities. Historically, a higher refund amount than Lowest Tuition.

Lowest Tuition: This refund amount is payable to the Refund Designee (or to a college/university under a Limited Benefits contract). It is determined by the MET contract and current tuition at Michigan's public universities. Historically, it is the lowest refund amount.

Federal W-9 (form): Request for Taxpayer Identification Number and Certification. This form must be completed by the Refund Designee when payment is directed to an individual rather than a higher education institution. The form must include the name, address and Social Security number of the Refund Designee. The Refund Designee must also sign and date the form.

Once a contract has been terminated and payment directed to a Michigan Independent college/ university, an out-of-state college/university or a Refund Designee and MET has paid a full or partial refund, the contract cannot be reinstated to credit hours. The refund amount may, however, be transferred to provide tuition to a Michigan public university or community college up to the refund amount.