

## Michigan Education Trust Request to Add/Change Appointee

Issued under Public Act 316 of 1986. Filing is mandatory.

### PURCHASER INFORMATION

Name	Social Security Number
Street Address	Daytime Telephone (     )
City, State, ZIP Code	E-mail Address

### NEW APPOINTEE

Name	Social Security Number
Street Address	Telephone Number (     )
City, State, ZIP Code	E-mail Address

As purchaser of the above Michigan Education Trust (MET) contract, I request that MET add/change the person named as Appointee to the person listed above.

Signature of Purchaser	Date
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Do you wish the Appointee to become the Purchaser in the event of the Contract Purchaser's Death?  Yes  No

Do you wish the Appointee to become the Correspondence Designee?  Yes  No

**MAIL TO:**  
**Michigan Education Trust**  
**P.O. Box 30198**  
**Lansing, Michigan 48909**  
**Fax: 517-373-6967**