

Request to Update a Michigan Education Trust Contract

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 REFUND DESIGNEE

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 change the person to receive the refund (if it is not directed to a higher education institution) (item 16 of the Contract Signature Page) to the person listed above.

Signature of Purchaser	Date
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State of _____ County of _____ On this _____ day of _____, _____, before me, a Notary Public in and for the County and State above, personally appeared _____ who after being duly sworn, represented and acknowledged execution of this instrument. _____ Notary Public _____ County My Commission Expires: <p style="text-align: center;">Notary Seal or Stamp Required</p>
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MAIL TO:
Michigan Education Trust
P.O. Box 30198
Lansing, Michigan 48909

Fax:
(517) 373-6967