

Contract Number

Request to Transfer MET Educational Benefits

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

A \$25.00 processing fee is required when transferring educational benefits. You can pay online at www.setwithmet.com with the "Make a Payment" link OR you can make a check payable to the Michigan Education Trust and include it with this completed form. If the original beneficiary is learning disabled or deceased, the fee is waived. Call the MET office to discuss required documentation.

The person(s) requesting the transfer and the new beneficiary to whom the contract is proposed to be transferred to (or the parent or guardian of the new beneficiary if the new beneficiary is a minor) certifies that no payment has been or will be made to anyone (except for payment to MET, if any) for the transfer of educational benefits.

ORIGINAL BENEFICIARY

*Original Beneficiary Name		Relationship Between Original Beneficiary and New Beneficiary	
Street Address		Beneficiary's Social Security Number	
City, State, ZIP Code		Beneficiary's E-mail Address	
Number of Years (or semesters) of Educational Benefits Purchased		Home Telephone	Work Telephone
Age at the Time of Transfer		Current Grade (if applicable)	
If applicable, Last Semester/Year Enrolled		If applicable, Institution Name	
*Original beneficiary must be at least 18 years of age. If you are not 18 years of age, attach a copy of your high school diploma.			

NEW BENEFICIARY Beneficiaries are limited to five years (150 credit hours) of accumulated MET benefits.

New Beneficiary Name			New Beneficiary's Social Security Number	
Street Address			City, State, ZIP Code	
Home Telephone	Work Telephone	Date of Birth	Age at Time of Transfer	Grade at Time of Transfer
Number of Credit Hours (or Years) of Educational Benefits Requesting to be Transferred			*Year (or Expected Year) of High School Graduation	
New Beneficiary's Existing MET Contract Number (If Applicable)			New Beneficiary E-mail Address	
Is the New Beneficiary older than the Original Beneficiary? <input type="checkbox"/> Yes (Please answer question in box to the right) <input type="checkbox"/> No (Skip question in box to the right)			Is the New Beneficiary willing to accept the original Beneficiary's high school graduation year as the year their eligible benefits begin? <input type="checkbox"/> Yes (May reduce the length of time to use benefits) <input type="checkbox"/> No (May result in an increased transfer fee)	
Currently Enrolled in College/University? <input type="checkbox"/> Yes <input type="checkbox"/> No			College/University Name	
Do you want to activate this contract now? (Michigan public University/College only) <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, what semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	

*If the educational benefits will be transferred to an older student, an additional charge is required. This fee may be waived if the new Beneficiary is willing to accept less than fifteen years to completely use educational benefits.

THE BENEFICIARY AND THE NEW BENEFICIARY MUST SIGN ON THE REVERSE SIDE. ALL SIGNATURES MUST BE NOTARIZED. PLEASE ALLOW 4-6 WEEKS TO PROCESS THE TRANSFER.

IF PROCESSING FEE WAS PAID ONLINE, YOU CAN FAX COMPLETED FORM TO 517-763-0124 OR EMAIL TO TREASMET@MICHIGAN.GOV.

**IF PAYING BY CHECK, MAIL COMPLETED FORM AND \$25 PROCESSING FEE TO:
Michigan Education Trust, P.O. Box 30198, Lansing, Michigan 48909**

Date _____ Signature of Original Beneficiary _____

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 2 _____, 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

Notary Seal or Stamp Required

My Commission Expires: _____

Date _____ Signature of New Beneficiary (parent/guardian must sign if New Beneficiary is a minor) _____

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 2 _____, 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

Notary Seal or Stamp Required

My Commission Expires: _____

Date _____ Signature of Purchaser (only needed for contracts purchased in 1988 and if original beneficiary has used a portion of the contract). If purchaser is deceased, purchaser's personal representative must sign and submit a copy of purchaser's death certificate and copy of legal document naming said personal representative.

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 2 _____, 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

Notary Seal or Stamp Required

My Commission Expires: _____