Reset Form

Michigan Department of Treasury
2781 (Rev. 11-25)

Contract Number

Request to Transfer MET Educational Benefits

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

IMPORTANT: A $25.00 processing fee is required when transferring MET benefits.

You can pay online at 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 transfer is due to the death or disability of the Beneficiary, the fee is waived. Call the MET office at 800-638-4543 to discuss required documentation.

The person requesting the transfer and the new Beneficiary (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 MET benefits.

CURRENT BENEFICIARY

*Current Beneficiary Name (If name has changed, provide proof of name change)		Relationship Between current Beneficiary and new Beneficiary
Street Address		Beneficiary's Social Security Number
City, State, ZIP Code		Beneficiary's Email Address
Age at the Time of Transfer	Home Telephone	Work Telephone

*** Current Beneficiary must be at least 18 years of age or a high school graduate. If you are not 18 years of age, attach a copy of your high school diploma.**

NEW BENEFICIARY Beneficiaries are limited to 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 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 Email Address	

Is the new Beneficiary older than the current Beneficiary?

☐ Yes (Please answer question in box to the right)

☐ No (Skip the question in the box to the right)

If the new Beneficiary is older than the current Beneficiary, is the new Beneficiary willing to accept the current Beneficiary's contract expiration date?*

☐ Yes (May reduce the length of time to use benefits)

☐ No (May result in an increased transfer fee/contract renewal if applicable)

Do you want to activate this contract now? ☐ Yes ☐ No

If Yes, Semester Benefits to Start (Select One): ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

Michigan Public College/University Name

(If you are attending a school other than a Michigan public college/university, fill out and submit form 2773 along with this form.)

* If the MET benefits are transferred to an older Beneficiary, an additional charge may be required. This fee may be waived if the new Beneficiary is willing to accept the current Beneficiary's expiration year.

Both the current and the new Beneficiary (or the new Beneficiary's parent or guardian if they're a minor) must sign the notary page and have it notarized. Please allow 4-6 weeks for processing.

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.

Contract Number

State of _____

County of _____

_____
Signature of current Beneficiary (If name has changed, provide proof of name change.)

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
printed name of current Beneficiary
acknowledged execution of this instrument.

_____
Notary Public

_____County

My Commission Expires:

Notary Seal or Stamp Required

State of _____

County of _____

_____
Signature of new Beneficiary (Parent or guardian must sign if new Beneficiary is a minor.)

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
printed name of new Beneficiary
acknowledged execution of this instrument.

_____
Notary Public

_____County

My Commission Expires:

Notary Seal or Stamp Required

State of _____

County of _____

_____
Purchaser signature is only needed for contracts purchased in 1988 and if current Beneficiary has used a portion of the contract. It the 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.

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
printed name of Purchaser
acknowledged execution of this instrument.

_____
Notary Public

_____County

My Commission Expires:

Notary Seal or Stamp Required