

Michigan Education Trust Contract Signature Page

Issued under authority of Public Act 316 of 1986. Filing is voluntary.

Read the entire Contract and instructions before completing this signature page. Type or print in blue or black ink. Complete all items and be sure to sign the Contract. Mail this form with the necessary payment to Michigan Education Trust, P.O. Box 30198, Lansing, MI 48909.

▶ 1. Beneficiary Name (Enter one name only) Last First MI	▶ 2. Beneficiary Social Security Number (required)	▶ Beneficiary Telephone ()		
			▶ 3. Beneficiary Birth Date (mm/dd/yy)	
			▶ 4. Age of Beneficiary as of December 1, 2024	▶ 5. Beneficiary grade in school as of December 1, 2024
Street Address				
City	State	ZIP Code		

▶ 6. Contract Purchaser Name (Enter one name only) Last First MI	▶ 7a. Is the Purchaser age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, you do not need to answer 7b.
▶ 8. Is the Contract Purchaser address the same as the Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	▶ 7b. Is this contract being purchased with funds that belong to the Beneficiary under the Michigan Uniform Gifts/Transfers to Minors Act? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No" to both questions, DO NOT sign the contract.

▶ Street Address	▶ 9. Purchaser Work Telephone ()	▶ Purchaser Home Telephone ()		
			▶ 10. Purchaser Social Security Number or FEIN	
			▶ 12. Purchaser's Relationship to Beneficiary Check one box only. <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
City	State	ZIP Code		
Purchaser Email Address (Optional)				

(Optional)

▶ 11. Appointee Name Last First MI
Street Address City State ZIP Code
Do you wish the Appointee to become the Purchaser in the event of the Contract Purchaser's death? <input type="checkbox"/> Yes <input type="checkbox"/> No

▶ 13. Appointee Social Security Number or FEIN	▶ Appointee Telephone ()
--	------------------------------

You may photocopy this form.

▶ 14. What type of Contract do you wish to purchase?
Check one box only.

Full Benefits Limited Benefits Community College

▶ 16. Who shall receive the refund upon Termination if it is not directed to a Higher Education Institution?
Check one box only.

Purchaser Beneficiary Appointee

▶ 18. Non-applicable

▶ 21. Non-applicable

▶ 23. Do you consider this information private and wish it to remain confidential (applies to media distribution)?

Yes No

▶ 15. Non-applicable

▶ 17. Who shall receive correspondence? Check one box only.

Purchaser Beneficiary Appointee

▶ 19. Non-applicable

▶ 20. Do you wish to setup monthly recurring payments?

ACH Payroll None

▶ 22. What Academic Year is the Beneficiary expected to enter college? (See Price/Academic Year chart)

▶ 24. Is any part of your payment a rollover from a

MESP, Coverdell ESA,
 Other Sec. 529 plan, or U.S. Savings bonds?

What portion was contribution? \$ _____
What portion was earnings? \$ _____

(complete and submit Form 3953, available at www.SETwithMET.com)

By submitting this Contract Signature Page, I offer to participate in the Michigan Education Trust. I certify that I have read the Contract and understand the following:

1. That it is the entire agreement between MET and myself and establishes binding contractual rights for the Beneficiary. Therefore, MET cannot honor a request to change a Beneficiary's rights under the contract. Upon acceptance by an authorized MET representative and by my signature, I agree to be bound by the terms and conditions of this Contract. I certify that the information I have provided in this Contract is true to the best of my knowledge.
2. The ability of MET to pay benefits and provide refunds under the contract is backed only by MET Plan D Assets and not the State of Michigan. The only source of payments for benefits and refunds provided by the Contracts are the assets within Plan D.
3. If a determination is made for MET by a nationally recognized actuary that Plan D does not have funds sufficient to ensure the actuarial soundness of the Plan and if the MET Board determines that there are insufficient numbers of new Contracts to ensure the actuarial soundness of Plan D among the existing Contracts as provided in the Contract, Plan D may be liquidated and the Contract terminated.

Purchaser's Signature	Date
-----------------------	------

Confirmation of Acceptance by MET Representative

Note: MET cannot accept your contract if the amounts are incorrect.

▶ 25. Enter the initial contribution amount (see contract price chart for pricing options)

▶ 26. One-Time Processing Fee (non-refundable) + **00.00**

▶ 27. Total
Add Numbers 25 and 26.
Enter Here

Instructions for Form 3691, Michigan Education Trust Contract Signature Page

Welcome to the Michigan Education Trust (MET) program. In this Enrollment Kit, you will find the following charts: Contract Prices, Academic Year, Contract Processing Fee and all the information you need to enroll in the program. Follow all instructions carefully. If you have questions, call 800-MET-4-KID or visit the MET Web site at www.SETwithMET.com. MET continuously updates information such as the types of contracts offered, current contract prices, refund provisions, other related information and provides online contract purchase.

Important - You must submit:

- 1) The *Michigan Education Trust Contract Signature Page* (Form 3691) containing the Purchaser's original signature (copies not allowed). This form must be postmarked by January 31, 2026.
- 2) Payment by check (certified, cashier's or personal) or money order made payable to **Michigan Education Trust**.
- 3) If any part of your payment is a rollover from another Sec. 529 program, complete and enclose a photocopy of *Rollover of Account Funds* (Form 3953). The original form should be submitted to the other 529 program. The account statement should indicate principal and earnings of the rollover amount.
- 4) Mail to: Michigan Education Trust
P.O. Box 30198
Lansing, MI 48909

**You May Photocopy the Contract Signature Page
if You Wish to Purchase More Than One Contract**

Print or type.

Contracts can be purchased for Beneficiaries ages newborn through 12th grade. If any individual listed on the Contract Signature Page has a Jr., Sr., I, II, etc. designation, write the designation after the last name.

1. Enter the name and address of the Beneficiary (the child who will receive the educational benefits) with last name first, first name and middle initial. Do not use abbreviations (e.g., St., Dr., Ln., Cr., N., S., etc.).

The Beneficiary must be a Michigan resident at the time the Contract is signed. Michigan residents who are living outside the State of Michigan due to military assignment remain Michigan residents until they indicate an intent to abandon their domicile in Michigan.

2. Enter the Beneficiary's Social Security Number and phone number. If the Beneficiary does not have a Social Security number, proof of application for a Social Security Number must accompany the Contract Signature Page. You may obtain an application for a Social Security Number through a Social Security Administration office. When the Purchaser receives the Social Security Number, he or she must notify the MET office in writing.
3. Enter the Beneficiary's date of birth.
4. Enter the age of the Beneficiary as of **December 1, 2024**.
5. Enter the Beneficiary's grade in school as of **December 1, 2024**. If the Beneficiary has not started school or is in preschool or pre-kindergarten, leave blank. **The Beneficiary must not have graduated high school prior to enrollment in MET.**
6. Enter the name of the Contract Purchaser (one person only). This is the individual responsible for payment and entitled to the State income tax deduction. Once the Contract is accepted by MET, the Purchaser cannot be changed.
- 7a. This Item must be completed. MET will not accept this Contract unless the Purchaser is age 18 or older, a designated custodian under the Michigan Uniform Transfers to Minors Act (UTMA), formerly UGMA, or a minor under UTMA.
- 7b. If a minor under UTMA is named as the Purchaser, the designated custodian must sign the Contract Signature Page.
8. Check Yes or No. If Yes, the address does not need to be entered. If No, enter the Purchaser's address. Do not use abbreviations e.g., St., Dr., Ln., Cr., N., S., etc.
9. Enter the Purchaser's work telephone number and home telephone (if different).
10. Enter the Purchaser's Social Security Number or Federal Employer Identification Number (FEIN) if the Purchaser is an organization or trust. If the Contract is purchased under UTMA, the Beneficiary's Social Security Number must be used.

11. **Naming an Appointee is Optional:** The Appointee is a third-party that has access to contract information. The Purchaser can elect to allow the Appointee to become the Purchaser in the event of the Contract Purchaser's death.
12. Check the Purchaser's relationship to the Beneficiary. **Check one box only.**
13. Enter the Appointee's Social Security Number and telephone number. If a trust or organization is named as the Appointee, enter the Federal Employer Identification Number (FEIN) of the trust or organization.
14. Check the type of contract you wish to purchase. **Check one box only.**
15. Non-applicable
16. Check who shall receive the refund upon Termination of the Contract if it is not directed to a Higher Education Institution. Check one box only. **NOTE: If the Beneficiary is selected as the Person to receive the refund, the Purchaser may not change this designation once the contract has been accepted by MET. If the contract is purchased with funds under UGMA or UTMA, the Beneficiary must be named as the Person to receive the refund.**
17. Check who should receive ongoing correspondence regarding the MET program. **Check one box only.**
18. Non-applicable
19. Non-applicable
20. Check one recurring payment option (i.e., ACH, Payroll, or None). If selecting payroll deduction, complete *Payroll Deduction Authorization* (Form 2614). If selecting ACH, complete *Automated Clearing House (ACH) Authorization for Purchase of a Contract* (Form 3695).
21. Non-applicable
22. Using the Price/Academic Year chart, enter the year the Beneficiary is expected to enter college based on the age/grade as of December 1, 2024.
23. If you consider this information confidential (applies to media distribution only), check Yes, otherwise check No.
24. If part of your payment is a rollover from MESP, another Sec. 529 plan, Coverdell ESA or U.S. Savings Bonds, check the appropriate box and provide the principal and earnings amount. Also, complete *Rollover of Account Funds* (Form 3953) and submit to the other 529 program. If rollover is a withdrawal, checks can be made payable to MET or to the Purchaser and endorsed over to MET.
25. Enter your initial contribution amount (refer to price chart for pricing options).
26. Non-applicable
27. Enter your initial contribution amount (refer to price chart for pricing options).

Purchaser's Signature

The individual named in Item 6 must sign and date the Contract Signature Page. If the individual named in Item 6 is a minor under UTMA, the custodian must sign and date the Contract Signature Page. If the Purchaser is an organization, an authorized officer of the organization must sign and date the Contract Signature Page. If the Purchaser is a trust, the trustee must sign and date the Contract Signature Page.

Update a MET Contract

A MET Contract is a legal document and any change after the initial purchase must be made in writing to MET. Use the following forms to change the parties' addresses, update or add an Appointee, and change the Refund Designee:

Change of Address (Form 2775)

Add/Change Appointee (Form 4502)

Update a Michigan Education Trust Contract (Change Refund Designee) (Form 2777)