

Contract Number(s)

Agreement to Amend a MET Contract (Refund)

For Contact to be amended, Filing is Mandatory.

Issued under Public Act 316 of 1986.

Use this form when the Purchaser desires to amend the contract. On November 14, 2019, the MET Board by Resolution 2019-13 (termination for a refund after half-way point) resolved to allow Purchasers and MET to amend certain previously purchased MET contracts upon the Purchaser's formal request and with MET entering into the appropriate contract amendment. A subsequent revision of MCL 390.1428. allows contracts purchased between 1988 and 2004 the same opportunity. This amendment will allow a contract to be terminated for a refund after the Beneficiary has earned more than half the credit hours required for a baccalaureate degree.

SECTION 1	
Purchaser Name	Purchaser Social Security Number
Street Address	Daytime Telephone
City, State, ZIP Code	Email Address

SECTION 2

The Purchaser must check each box to indicate acceptance:

- 1. On MET Contracts issued between 1988-2019, to delete subsections 6(c) and 7(f) in Full Benefits and Limited Benefits MET Contracts to permit the issuance of a refund when a qualified beneficiary has completed more than one-half of the credit hours required by a state institution of higher education for the award of a baccalaureate degree.
- 2. I understand that this amendment can only apply after this form is properly completed and signed by Purchaser with a notarized signature and by MET.
- 3. All terms and conditions of the contract not specifically amended herein shall remain in full force and effect.

NOTARY MUST WITNESS SIGNATURE OF PURCHASER AND COMPLETE:

Signature of Purchaser Date

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:

Notary Seal or Stamp Required

SECTION 3 ACCEPTANCE BY MET

MET Representative Signature	Date	Amendment Number
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MAIL TO:
Michigan Education Trust
PO Box 30198
Lansing MI 48909