Reset Form

Michigan Department of Treasury
5710 (Rev. 10-26)

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 for a refund payable to the Refund Designee after the Beneficiary has earned more than half the credit hours required for a bachelor's degree.

## SECTION 1

| | |
|---|---|
| Purchaser Name | Last four of Purchaser Social Security Number |
| Street Address | 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 bachelor's degree.

☐ 2. I understand that this amendment can only apply after this form is properly completed and signed by the 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
printed name of Purchaser
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 |

**MAIL ORIGINAL COMPLETED FORM TO:**
**Michigan Education Trust**
**PO Box 30198**
**Lansing MI 48909**