

# MI 529 Advisor Plan Account Application



## For Investors with a Financial Professional

- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least \$25.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the [Plan Description and Participation Agreement](#).

To request assistance in completing this form call us at **1.866.529.8818**, Monday through Friday from 8:30 a.m. - 6 p.m. ET.

 **1.866.529.8818**  
Monday to Friday 8:30 a.m. - 6 p.m. ET

 **www.mi529advisor.com**

Regular mailing address:  
**MI 529 Advisor Plan**  
**P.O. Box 55847**  
**Boston, MA 02205-5847**

Overnight mailing address:  
**MI 529 Advisor Plan**  
**95 Wells Avenue, Suite 155**  
**Newton, MA 02459**

## Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

*What this means for you:* When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

## 1. Account Type

- Individual Account.** I am opening a new MI 529 Advisor Plan Account.
- UGMA/UTMA Account.** I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of   (*please abbreviate*) in which the liquidated UGMA/UTMA custodial Account was opened.



\* MI ADVISOR ACCT APPLICATION \*





Trusted Contact Person (First name) (M.I.)

Trusted Contact Person (Last name)

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City State Zip Code

Relationship to Account Owner/Custodian.

Advisor Attorney Spouse Family Member Friend Other

7. Financial Professional (To be completed by the Financial Professional.)

Firm Name

Financial Professional Name (First name) (M.I.)

Financial Professional Name (Last name)

Branch Number (if applicable) Advisor ID Number BIN (if applicable) Matrix Level

Street Address

City State Zip Code

Telephone Number

Email Address

SIGNATURE Financial Professional Signature

Date (mm-dd-yyyy)

Authority of Financial Professional

The Financial Professional indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment portfolio changes, make qualified withdrawals, inquire, and have access to the account. He or she will not be permitted to change the Account Owner/Custodian, Beneficiary, Successor Account Owner/Custodian, Interested Party, firm or Financial Professional. The Financial Professional will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the account.

8. Sales Charge Waiver (Optional)

- To qualify for a sales charge reduction, you must complete the following section.
- Check one or check all that apply.

A.  **Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000\*

\* Requires purchases of Units for multiple Accounts on behalf of multiple Designated Beneficiaries due to Maximum Contribution Limit.

B.  **Rights of Accumulation (“ROA”).** Check this box if a family member owns units in the MI 529 Advisor Plan to be applied for the reduced sales charge. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Plan Description and Participation Agreement for additional information.

Legal Name of Family Member (First name) (m.i.)

Legal Name of Family Member (Last name)

—   
Account Number

Legal Name of Family Member (First name) (m.i.)

Legal Name of Family Member (Last name)

—   
Account Number

C.  **I am eligible for a sales charge waiver** under the terms of the Plan Description and Participation Agreement. I am eligible because I am related to:

Legal Name (First name) (m.i.)

Legal Name (Last name)

Qualifying Employer's Name

**Relationship**

- |                                  |                                      |   |   |  |
|----------------------------------|--------------------------------------|---|---|--|
| <input type="checkbox"/> Self    | <input type="checkbox"/> Spouse      | <input type="checkbox"/> Domestic Partner         | <input type="checkbox"/> Child  | <input type="checkbox"/> Officer, Director, or Trustee |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild               | <input type="checkbox"/> Dependent of the Person                          |  |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Stepchild   | <input type="checkbox"/> Father- or Mother-in-law | <input type="checkbox"/> Employer Sponsored Plan (Payroll Direct Deposit) |  |

**9. Investment Portfolio Selection** *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Portfolios as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary’s enrollment year.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

**Please select only one Unit Class** *(Required)*.

Class A       Class C       Class I

**Enrollment Year Investment Portfolios:**

The asset allocation of money invested in the Enrollment Year Investment Portfolios is automatically adjusted over time to become more conservative as the enrollment year approaches. The assets will remain in your selected Enrollment Portfolio until it merges with the In School Portfolio,\* or unless you exchange an Enrollment Portfolio for another Enrollment Portfolio or any other Investment Portfolio.\*\*

2040 / 2041 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2038 / 2039 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2036 / 2037 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2034 / 2035 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2032 / 2033 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2030 / 2031 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2028 / 2029 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2026 / 2027 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2024 / 2025 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
In School Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

**Target Risk Portfolios:**

The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).\*\*

Capital Appreciation Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Conservative Allocation Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

**Multi-Fund Portfolio:**

The assets will remain in your selected portfolio unless you exchange your selection(s) for a different Investment Portfolio(s).\*\*

Nuveen Alternative Income Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
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**Individual Fund Portfolios:**

The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).\*\*

Nuveen Large Cap U.S. Equity Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Dividend Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Large Cap Value Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Harbor Capital Appreciation Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Ariel Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen U.S. Small Cap Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Harding Loevner Global Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Oakmark International Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DFA Emerging Markets Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
MetWest Total Return Bond Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Strategic Income Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Inflation Linked Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Large Cap Responsible Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Core Impact Bond Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Nuveen Real Asset Income Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Principal Plus Interest Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Total         %

\* See the Plan Description for details.  
 \*\* Subject to the two permitted investment rebalances per calendar year.



F. **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your MI 529 Advisor Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **mi529advisor.com** or by calling **1.866.529.8818**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 10F** and **11** for each additional Recurring Contribution instruction or bank account

**Important:** To set up this option, you must provide bank information in **Section 11**.

**Amount of Debit:**  \$25  \$50  \$100  \$150  \$250  Other \$ ,. **0 0**  
Amount (\$25 minimum)

**Frequency (Select one.):**  **Monthly**  **Quarterly (Every three months.)**

**Start Date:\***  -  -   
Date (mm-dd-yyyy)

\*MI 529 Advisor Plan must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

**Annual Increase.** You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Amount of increase:** \$ ,. **0 0**

**Month\*\*:**  January  February  March  April  May  June  
 July  August  September  October  November  December

\*\* The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

G. **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 11**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$ ,  
Amount



**11. Bank Information** *(Required to establish the Recurring Contribution or EFT service.)*

**Note:** The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

**Important:** I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number

Bank Account Number

Account Type  
*(Check One.)*

Checking

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner *(First name)*

*(M.I.)*

Bank Account Owner *(Last name)*

SIGNATURE

Signature of Bank Account Owner

 -  - 

Date *(mm-dd-yyyy)*

Joint Bank Account Owner *(First name)*

*(M.I.)*

Joint Bank Account Owner *(Last name)*

SIGNATURE

Signature of Joint Bank Account Owner

 -  - 

Date *(mm-dd-yyyy)*

### 12. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$100 contribution to an initial Investment Portfolio (*Source Portfolio*), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios (*Target Portfolio*).
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Portfolio change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Portfolio change limit.

**Amount:** \$ , .  **00** (*minimum \$100*)  
Amount

**Frequency** (*Select one.*):  **Monthly**  **Quarterly** (*Based on established date, not calendar quarter.*)

**Start Date:**\*  -  -   
Date (mm/dd/yyyy)

\* The Program must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

**Stop Type** (*Select one.*):

**Stop Date**  -  -   
Date (mm/dd/yyyy)

**When total amount of Reallocation equals:** \$ , .  **00**

**When Complete Balance of the Source Portfolio is depleted.**

**Source Portfolio:**

**Target Portfolio:**

Investment Portfolio

\$ , .  **00**  
Dollar Amount

Investment Portfolio

\$ , .  **00**  
Dollar Amount

Investment Portfolio

\$ , .  **00**  
Dollar Amount

### 13. Signature and Certification— YOU MUST SIGN BELOW

**By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.**

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in the MI 529 Advisor Plan (the "Plan") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan.

The State Treasurer, Michigan Department of Treasury is the Plan Administrator. I understand that the Plan Administrator has retained TIAA-CREF Tuition Financing, Inc. as the program manager (the "Program Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the MI 529 Advisor Plan Description and its Participation Agreement (the "Plan Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Description.

I certify that all of the information provided by me on this **Account Application** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the Plan may, from time to time, amend the Plan Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the Plan Description and the Participation Agreement.
- By signing the **Account Application**, I consent and agree to authorize my Financial Professional to access my Account and perform certain transactions on my behalf as explained in **Section 7** of the **Account Application**.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Education Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in **Section 11**, I authorize the *MI 529 Advisor Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through **mi529advisor.com** provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

**I will retain a copy of this Account Application, the [Plan Description and the Participation Agreement](#) (contained in the Plan Description) with my records.**

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