

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the MI 529 Advisor Plan Description and Participation Agreement.

SIGNATURE
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
Date (mm/dd/yyyy)

SIGNATURE
Signature of Financial Professional

□□ — □□ — □□□□
Date (mm/dd/yyyy)