

# Michigan Education Trust Charitable Tuition Program Contract Signature Page

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

**Please read the entire Contract and instructions before completing this signature page.**  
Please type or print. 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 <input type="text"/> First and MI <input type="text"/>		▶ 2. Beneficiary Social Security Number (required if named) <input type="text"/> <input type="text"/> <input type="text"/>		▶ Beneficiary Telephone ( <input type="text"/> ) <input type="text"/>	
Street Address <input type="text"/>					
▶ 3. Beneficiary Birth Date (mm/dd/yy) <input type="text"/>		▶ 4. Beneficiary grade in school as of December 1, 2024 <input type="text"/>			
▶ 5. Age of Beneficiary as of December 1, 2024 <input type="text"/>		▶ 6. Contract Purchaser Representative Name (Enter one name only) Last <input type="text"/> First and MI <input type="text"/>			
▶ 7. a. Is the Purchaser an entity organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, DO NOT sign the contract.		▶ b. Is the Purchaser Rep. related to the Beneficiary? If Yes, DO NOT sign the contract. <input type="checkbox"/> Yes <input type="checkbox"/> No			
▶ 8. Purchaser Work Telephone ( <input type="text"/> ) <input type="text"/>		▶ Purchaser Home Telephone ( <input type="text"/> ) <input type="text"/>			
▶ 9. Purchaser Social Security Number or FEIN <input type="text"/>		▶ If using FEIN, is purchasing organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit			
▶ 10. Name of Contingent Contract Owner (required if Beneficiary not named at this time) Last <input type="text"/> First and MI <input type="text"/>		▶ Name of Corporation or Business Entity <input type="text"/>			
▶ Contingent Contract Owner's Title <input type="text"/>		▶ Street Address <input type="text"/>			
▶ City <input type="text"/>		▶ State <input type="text"/>		▶ ZIP Code <input type="text"/>	
▶ 11. FEIN of Contingent Owner <input type="text"/>		▶ Telephone of Contingent Owner ( <input type="text"/> ) <input type="text"/>			



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

Full Benefits       Community College

▶ **14. Do you understand that any refund that is not directed to a higher education institution will be retained by MET except as otherwise noted in the Contract?**

Yes       No

▶ **16. What method of Payment? Check one box only.**

Lump Sum       Monthly Purchase

▶ **18. Monthly purchase amount? (See Contract Price Chart)**

▶ **20. Describe the criteria to be used to identify the Beneficiary (if Beneficiary not named on Item 1).**

▶ **13. How many years of Tuition do you wish to purchase?**  
Check one box only.

1 year       2 years       3 years  
 4 years       5 years

▶ **15. Who shall receive correspondence? Check one box only.**

Purchaser       Beneficiary       Contingent Owner

▶ **17. If Monthly Purchase, what duration and payment option?**

4 years       7 years       10 years  
 Coupon       ACH

▶ **19. What Academic Year is the Beneficiary expected to enter college? (See Contract Price Chart)**

By submitting this Contract Signature Page, I offer to participate in the MET. 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.

**A condition to participating in the Charitable Contract is that any refund not directed to a higher education institution will be retained by MET, except as otherwise noted in the Contract.**

Purchaser Representative's Signature	Date	Note: MET cannot accept your contract if the amounts are incorrect.  ▶ 22. Enter the Prepaid Tuition Amount from the Contract Price Chart (Lump Sum Only)
MET Representative	Date	

# Line-By-Line Instructions for Completing Your MET Contract

Welcome to the Michigan Education Trust (MET) program. In this package, you will find the following charts: Contract Prices, Academic year and all of the information you need to enroll in the program. Please follow all of the instructions carefully. If you have questions, call 800-MET-4-KID or visit MET's Web site at [www.SETwithMET.com](http://www.SETwithMET.com). MET continuously updates information such as the types of contracts offered, current contract prices, refund provisions and other related information.

## Important - You must return:

- 1) the Contract Signature Page,
- 2) payment by check (cashier's, certified or personal) or money order made payable to **Michigan Education Trust**
- 3) Mail to: Michigan Education Trust  
P.O. Box 30198  
Lansing, MI 48909
- 4) Must be postmarked no later than January 31, 2026.

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

## Please print or type.

**A Lump Sum Full Benefits Contract or Community College Contract can be purchased for Beneficiaries ages newborn through 12th grade. The Beneficiary must not have graduated high school prior to enrollment in MET.**

If any individual listed on the Contract Signature Page has a Jr., Sr., I, II, etc. designation, please write the designation after the last name.

1. If naming a Beneficiary at time of purchase, enter the name and address of the Beneficiary (the child who will receive the education benefits) with last name first, first name and middle initial. To make sure that we get your information correctly, please do not use abbreviations (i.e. St., Dr. Ln., Cr., N., S., etc.). The Beneficiary can not be related to the Purchaser.  
**The Beneficiary must be a Michigan resident when named.** (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.)  
**If you are a governmental entity or 501(c)(3) charitable organization and are not naming a Beneficiary, skip Items 1 through 3.** Identify the grade in school in Item 4 or the age in Item 5, and the expected year to enter college in Item 19.
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/she must notify the MET office in writing.
3. Enter the Beneficiary's date of birth.
4. 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.
5. Enter the age of the Beneficiary as of **December 1, 2024**.
6. Enter the name and address of the Contract Purchaser Representative (one person only) and Purchaser Corporation or Business Entity. This is the individual authorized to make payment and sign the contract on behalf of the entity organization. Once the Contract is accepted by MET, the Purchaser cannot be changed.
7. This Item must be completed. MET will not accept this Contract if the Purchaser is an individual or if the Purchaser Representative is related to the Beneficiary.
8. Enter the Purchaser Representative's work telephone number and home telephone (if different).
9. Enter the Purchaser Entity's federal employer identification number (FEIN).
10. **Naming a Contingent Contract Owner is mandatory if the Beneficiary is not named at the time the contract is submitted.** Enter the name and address (please do not use abbreviations i.e. St., Dr., Ln., Cr., N., S., etc.) of a Contingent Owner if a Beneficiary is not being named, to own the Contract in the event of entity dissolution.
11. Enter the Contingent Contract Owner's federal employer identification number (FEIN) and phone number.
12. Check the type of contract you wish to purchase. **Check one box only.**

13. Check the number of years of Tuition you wish to purchase. Check one box only. If purchasing a Community College Contract, number of years cannot exceed two.
14. MET shall receive the refund upon Termination of the Contract if it is not directed to a Higher Education Institution. Check Yes. **PLEASE NOTE: If you answer No, do not sign the Contract. The Purchaser may not change this designation once the contract has been accepted by MET.**
15. Check who should receive ongoing correspondence regarding the MET program. **Check one box only.**
16. Check the method of payment. **Check one box only.**
17. If Monthly Purchase, check duration and payment option.
18. Enter the Monthly Purchase amount calculated using the Contract Prices chart based on the number of years you wish to purchase. MET will notify the Purchaser of the date monthly purchases begin. (Monthly payments will begin either May 26, 2025, August 25, 2025, November 25, 2025, or February 25, 2026.) Do not enter an amount if you are purchasing a Lump Sum contract.
19. 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.
20. If you did not name a Beneficiary in Item 1, indicate the criteria to be used to identify the Beneficiary in the future. If the criteria description exceeds 100 characters, please attach an additional page.
21. If you wish to access contract information online, check Yes, otherwise check No.
22. Enter the Prepaid Tuition Amount if purchasing Lump Sum.

### **Purchaser's Signature**

The individual named in Item 6 must sign and date the Contract Signature Page. The Purchaser must be an entity or organization, therefore 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.

### **Change of Address**

A MET Contract is a legal document and requires any change of address (for the Purchaser, Beneficiary, or Contingent Contract Owner) be made in writing to MET.

### **Change of Contingent Contract Owner**

The Purchaser wishes to change the Contingent Contract owner in Item 10, he/she must submit a written notarized statement to MET. In the event the Purchaser Entity is dissolved or can not be located and there is no Contingent Contract Owner, MET will own the contract and name a Beneficiary if one has not already been identified.