

Contract Number(s)

# Request to Update a Michigan Education Trust Contract

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

## PURCHASER INFORMATION

|                       |                        |
|-----------------------|------------------------|
| Name                  | Social Security Number |
| Street Address        | Daytime Telephone      |
| City, State, ZIP Code | E-mail Address         |

## NEW REFUND DESIGNEE

|                       |                        |
|-----------------------|------------------------|
| Name                  | Social Security Number |
| Street Address        | Telephone Number       |
| City, State, ZIP Code | E-mail Address         |

As purchaser of the above Michigan Education Trust (MET) contract, I request that MET change the person to receive the refund (if it is not directed to a higher education institution) (item 16 of the Contract Signature Page) to the person listed above.

|                        |      |
|------------------------|------|
| 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

**MAIL TO:**  
**Michigan Education Trust**  
**P.O. Box 30198**  
**Lansing, Michigan 48909**  
Fax: 517-763-0124  
E-mail to: [TreasMET@michigan.gov](mailto:TreasMET@michigan.gov)