

## Michigan Education Trust Request to Add/Change Appointee

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 APPOINTEE

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 add/change the person named as Appointee to the person listed above.

Signature of Purchaser	Date
------------------------	------

Do you wish the Appointee to become the Purchaser in the event of the Contract Purchaser's Death?  Yes  No

Do you wish the Appointee to become the Correspondence Designee?  Yes  No

**MAIL TO:**  
**Michigan Education Trust**  
**P.O. Box 30198**  
**Lansing, Michigan 48909**

Fax:  
517-763-0124

E-mail to:  
TreasMET@michigan.gov