

NOTIFICATION OF PARTICIPANT TERMINATION

This is a notification from the Michigan IDA Program to _____ (financial institution) that the following individual(s) is/are no longer a program participant.

Please remove _____, account number _____ from the file we receive each month and transfer this Michigan IDA account to another account type in the individual's name.

If you have any questions, please call me at _____.

Michigan IDA Program Representative

_____/_____/_____
Date: