



- ▶ Use this form to:
  - » Update a Legal Name, Social Security Number, or Date of Birth
  - » Change the Beneficiary, Account Holder, or Successor Account Holder
  - » Change the Plan Type, Payment Option, or Projected Enrollment Year (PEY)
  - » Request a refinance after a down payment of 25% or more
  - » Manage third-party individuals with Rights to Information on an Account
- ▶  **Indicates a Signature Guarantee is required.**
- ▶  **Indicates additional documentation is required.**
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ Complete a separate form for each Account, and upload by logging in to [maryland529.com/prepaid-login](http://maryland529.com/prepaid-login).

### 1. CURRENT ACCOUNT INFORMATION *(required)*

Account Number






Account Holder, Custodian, or Entity Representative Name *(first, MI, last)*

Daytime Phone Number

Beneficiary Name *(first, MI, last)*

### 2. UPDATE ACCOUNT INFORMATION

Please provide updated information for all that apply.

- ▶ For a legal **name change**, you must provide legal documents  certifying the name change (complete Sections 9 and 10  if you are changing the Account Holder name).
- ▶ For a misspelled name or **incorrect** date of birth, you must provide a copy of either the birth certificate  or Driver's License  (complete Section 9).
- ▶ For corrections to a **Social Security Number** or Taxpayer ID Number, you must provide a copy of the U.S. government-issued Social Security or Taxpayer ID card  (complete Section 9).

Account Holder

Beneficiary

Account Holder's Successor

Corrected or Legally Changed First Name

Middle Initial

Last Name

Corrected Social Security Number or Taxpayer ID Number

 |  | 

Corrected Date of Birth *(mm/dd/yyyy)*

### 3. CHANGE THE BENEFICIARY

Please provide the following information for the new Beneficiary. **The fee to change a Beneficiary is \$100.00 and must be paid prior to your request being processed.** If a new Beneficiary is not a "member of the family" of the current Beneficiary, as defined in the MPCT Disclosure Statement, there may be tax consequences.

The \$100.00 fee to change the Beneficiary is waived in the case of death or disability of the current Beneficiary:







- ▶ If the original Beneficiary has died, please attach a copy of the death certificate.
- ▶ If the original Beneficiary is disabled (as defined in the MPCT Disclosure Statement under Disabled or Disability), please attach medical documentation.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>New Beneficiary First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>The New Beneficiary or myself (the Account Holder) is a resident of the State of Maryland or the District of Columbia</b>
<b>New Beneficiary SSN or Taxpayer ID Number</b>	<b>Current MPCT Account Number (if applicable)</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>Same Address as Account Holder</b>
<b>Projected Enrollment Year (PEY)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Street Address Line 1</b>	<b>Street Address Line 2</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email Address</b>

#### 4. CHANGE THE ACCOUNT HOLDER

Please provide the following information for the new Account Holder. **The fee to change an Account Holder is \$10.00 and must be paid prior to your request being processed.** The new Account Holder must be at least 18 years old and will assume all rights with respect to the Account that you, as the Account Holder, now have.

In order to transact on the Account, the new Account Holder must create an online profile and link the Account at [maryland529.com/prepaid-login](http://maryland529.com/prepaid-login). The \$10.00 fee is waived in the case of death or disability of the current Account Holder: The current Account Holder's Successor will be removed when the Account Holder is changed. Section 5 may be completed to provide the new Account Holder's Successor information.

- I am the current Account Holder.** I hereby transfer all my rights, title, and interest in the above referenced Maryland Prepaid College Trust Account to the new designated Account Holder listed here in Section 4 (Complete Section 8, 9, 10 ).
- The current Account Holder is deceased and **I am the Account Holder's Successor** for the Account listed in Section 1. I have attached a certified copy of the current Account Holder's death certificate  (Complete Section 8, 9, 10 ).
- The current Account Holder is deceased and **I am not the Account Holder's Successor** for the Account listed in Section 1. I have attached a certified copy of the Account Holder's death certificate  and a copy of the court documentation  giving evidence of my appointment as Executor/Representative of the Account Holder's estate (Complete Section 8, 9, 10 ).

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>New Account Holder's First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number or Taxpayer ID Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Street Address Line 1</b>	<b>Street Address Line 2</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email Address</b>

## 5. CHANGE THE ACCOUNT HOLDER'S SUCCESSOR

Please provide the following information for the new Account Holder's Successor. The new Account Holder's Successor must be at least 18 years old and will take control of the Account if the Account Holder dies or becomes legally incapacitated (Complete Section 9).

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>New Account Holder Successor's First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number or Taxpayer ID Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Street Address Line 1</b>	<b>Street Address Line 2</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email Address</b>

## 6. RIGHTS TO INFORMATION

Please provide the following information for an authorized third-party individual that you would like to obtain information on your Account. (Complete Section 9).

- Add** a new third party with Rights to Information
- Change** the information of a third party who already has Rights to Information on the Account
- Remove** a third-party who currently has Rights to Information on the Account

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Third Party First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number or Taxpayer ID Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Street Address Line 1</b>	<b>Street Address Line 2</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email Address</b>

## 7. PLAN CHANGE / DOWN PAYMENT REFINANCE

Please provide the following information to request a plan change or refinance your Account (Complete Section 9).

**The fee to change the Plan Type is \$10.00 and must be paid prior to your request being processed.** There is no fee to change the payment option or Projected Enrollment Year (PEY), however, additional funds may be due to bring your Account current as a result of your change request. Please call us at 1.888.463.4723 to request a quote of any additional funds that you may owe prior to your request being processed. Please be advised that your request may also result in an increase in future payments and any Automatic Monthly Contribution amounts will be adjusted automatically.

Please note that a Refinance may only be requested after a down payment of at least 25% of your Account payoff amount and there is no fee to Refinance your Account. Log on to [maryland529.com/prepaid-login](http://maryland529.com/prepaid-login) at any time to confirm your Account's current payoff amount.

<input type="radio"/> Change my <b>Tuition Plan Type</b>	<input type="text"/> <b>New Plan Type</b>
<input type="radio"/> Change my <b>Payment Option</b>	<input type="text"/> <b>New Payment Option</b>
<input type="radio"/> Change my <b>PEY</b>	<input type="text"/> <b>New PEY</b>
<input type="radio"/> Refinance my <b>Contract</b>	<input type="text"/> <b>Down Payment Amount</b>

## 8. NEW ACCOUNT HOLDER SIGNATURE

By signing below, I am agreeing to the terms and conditions set forth below, those in the MPCT Disclosure Statement, and the Contract. I understand and agree that these documents govern all aspects of this Account and are incorporated herein by reference. I also understand that in order to transact on the Account, I must create an online profile and link the Account at [maryland529.com/prepaid-login](http://maryland529.com/prepaid-login).

\_\_\_\_\_  
**Signature of New Account Holder, Custodian, or Authorized Representative**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

## 9. CURRENT ACCOUNT HOLDER SIGNATURE

By signing below, I agree to the terms and conditions set forth below, those in the MPCT Disclosure Statement. I understand and agree that these documents govern all aspects of this Account and are incorporated herein by reference.

I certify that I am the Account Holder, or I have the authority to act on behalf of the Account Holder, and additionally that:

It is my intent to make the change(s) noted in the applicable section(s) above on the Account listed in Section 1. I understand that there are restrictions under the federal tax laws on a change of Beneficiary that are summarized in the MPCT Disclosure Statement. I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Enrollment Application for my current Beneficiary. I understand that if I am changing the Account Holder and/or Account Holder's Successor, I certify that it is my intent to revoke the rights of the current Account Holder (myself) and/or the Account Holder's Successor and name a new Account Holder and/or Account Holder's Successor. I understand that at any time the value of my Account(s) may be more or less than the amounts I contributed to such Account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize Maryland529, MPCT, its agents and their affiliates to act on my instructions based upon this information. I understand that the MPCT Disclosure Statement may be amended from time to time and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an Account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Maryland529, MPCT, nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

\_\_\_\_\_  
**Signature of Account Holder, Custodian, or Authorized Representative**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

## 10. SIGNATURE GUARANTEE



Signature Guarantee is required if you are changing the Account Holder or current Account Holder's name. Authorized officers of certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange may provide a signature guarantee. A notary public cannot provide a medallion signature guarantee. Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.

**I certify that the information provided herein is true and complete in all respects.**

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Date** *(mm/dd/yyyy)*

\_\_\_\_\_  
**Title / Name of Institution**

**Authorized Officer to Place Stamp Here**