




- ▶ Please provide the requested information in the fields below, sign in the space provided, and attach a copy of one of the following:
 - » If you are establishing a new Entity Account Holder, you must provide the applicable Initial Documentation listed in Section 2. 
 - » If you are making a request on behalf of an established Entity Account Holder, the applicable Substantiation Documentation listed in Section 2 must be dated and submitted **within 180 days** of the request.
- ▶ Once completed, you may submit the form and documentation via the customer access portal at **maryland529.com/prepaid-login**.
- ▶  Indicates a Notary is required.
- ▶  Indicates additional documentation is required.
- ▶ **Note:** Your Account is currently in a pended status until the status of the entity has been verified. Once we have received the requested information and documentation, you may begin transacting on your Account.

1. ACCOUNT INFORMATION *(required)*

Entity Name

Representative Name *(first, MI, last)*

Business Phone Number

Beneficiary Name *(first, MI, last)*

MPCT Account Number

2. SUBSTANTIATION DOCUMENTS

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this Account enrollment. Substantiation is required from an entity Account Owner when opening an Account or when conducting a transaction for that Account. Such documentation must include the following:

- ▶ The legal status of the entity;
- ▶ Authorization by the entity to open the Account or conduct the transaction; and
- ▶ Authorization by the entity for the signer of the form to open the Account or conduct the transaction.

ENTITY TYPE	INITIAL DOCUMENTATION	SUBSTANTIATION DOCUMENTATION
Trust	Certificate of Trust Form (Complete Section 4 and 5)	Entity Verification Form Attestation completed within 180 days of the request by the authorized representative of the Entity (complete Sections 3 and 5)
Business/Corporation/LLC	Copy of the Articles of Incorporation/LLC Agreement (Complete Section 3 and 5)	
Estate*	A certified copy of the court order establishing the estate (Complete Section 3 and 5)	
Non-Profit/501(c)(3)	A copy of the IRS Memo confirming the organization under IRC Section 501(c)(3) (Complete Section 3 and 5)	

* The Executor/Representative of the estate will be solely responsible for ensuring that ownership/assets within the Account are distributed or depleted prior to the dissolution of the estate. Otherwise, a court order may be required to process any/all transaction requests submitted on behalf of a dissolved estate.

Maryland529, MPCT, their Legal Counsel, or the Program Manager reserve the right to require additional substantiation documentation or information to open and/or transact on any Entity owned MPCT Account, at any time.

3. ENTITY ATTESTATION

Complete this section only if you are making a request on behalf of an established Entity Account Holder (Trust, Business/Corporation/LLC, Estate, Guardianship).

Before me, the undersigned authority, personally appeared _____ (Representative), who swore or affirmed that:

- 1. Representative is currently serving as the person authorized to act on behalf of _____ (Entity) **Entity Name** to conduct all transactions with respect to the above-referenced MPCT Account.
- 2. The supporting documentation provided when the Account was opened or last updated remains unchanged and still accurately reflects the status of the Entity.
- 3. The Entity has not been liquidated, terminated, or dissolved and continues to function in good standing.
- 4. This is being completed within 180 days of a request that I am submitting as Representative of the Entity.

4. TRUST CERTIFICATION

Complete this section only if you are a trust establishing a Trust as a new Account Holder.

- 1. Trustee(s) identified in **Section 1** is/are currently serving as Trustee(s) of the _____ (the "Trust") **Trust Name (Full Entity Title)** pursuant to a Trust Instrument dated _____ **Trust Agreement Date (MM/DD/YYYY)**.
- 2. The Trust exists and is in full force and effect.
- 3. The name of each Trustee empowered to act under the Trust Instrument as of the date of the execution of this Trust Certificate is/are as follows (the "Trustee(s)") and I am attaching the page(s) of the Trust Instrument evidencing such:

<input type="text"/> Trustee Name (first, MI, last)	<input type="text"/> Trustee Name (first, MI, last)
<input type="text"/> Trustee Name (first, MI, last)	<input type="text"/> Trustee Name (first, MI, last)
<input type="text"/> Trustee Name (first, MI, last)	<input type="text"/> Trustee Name (first, MI, last)

- 4. If there are multiple Trustees, they (choose one):
 May act independently **Must act jointly**

- 5. The powers of the Trustee(s) include opening the MPCT Account in **Section 1** and there are no provisions or amendments of the Trust instrument which limit or revoke these powers.
- 6. No provisions or Amendments of the Trust Instrument limit the authority of the Trustee to act as an Account Holder on the MPCT Account in **Section 1**.

5. NOTORIZATION 

Signature of Authorized Representative

Date (mm/dd/yyyy)

All sections below should be legible and completed in its entirety by a notary public.

STATE OF _____ SS.

COUNTY OF _____

Be it remembered that on the ____ day of _____,

A.D. 20____, personally appeared _____ signer
and sealer of the foregoing written instrument and acknowledged
the same to be his/her free act and deed.

BEFORE ME,
