

- ▶ Use this form to initiate a **Direct Rollover** of funds from another Qualified Tuition Program (QTP) or Coverdell Education Savings Account (CESA), or contribute an **Indirect Rollover** to your MPCT Account.
- ▶ All rollovers for the same Beneficiary are restricted to once per 12-month period.
- ▶ For indirect rollovers, the funds must be received within 60 days of the date of withdrawal from the other QTP/CESA or it may be subject to tax consequences. Please consult an independent tax advisor regarding the applicability of federal, state, and local tax law to your circumstances before submitting your rollover request.
- ▶  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. MPCT ACCOUNT INFORMATION *(required)*

The Account Holder on the MPCT Account must be the same as the Account Holder on the QTP/CESA Account that is being rolled over. Assets can be rolled over between 529 plans for the same Beneficiary once every 12 months. If the Beneficiary changes, there is no limit on rollovers between 529 plans.

MPCT Account Number

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

Daytime Phone Number

Beneficiary Name *(first, MI, last)*

### 2. ROLLOVER TYPE

Please select one of the following:

- Direct Rollover** from another QTP/CESA (Complete Sections 3, 4, and 5).
- ▶ By selecting this option you are confirming that:
    - » MPCT may request a rollover on your behalf directly from my current QTP/CESA into the above MPCT Account.
    - » You have verified that this form satisfies my current QTP/CESA's requirements for a Rollover to MPCT.

- Indirect Rollover** (Complete Sections 3, 4, and 5).
- ▶ By selecting this option you are confirming that:
    - » You are contributing the following Rollover Amount:

Rollover Amount

Principal

Earnings

- » You have attached documentation  from the QTP/CESA confirming a breakdown of the Principal and Earnings.

### 3. CURRENT QTP/CESA ACCOUNT INFORMATION

The Account from which you are transferring assets must have the same Account Holder name and Social Security Number (SSN) or Taxpayer Identification Number (TIN) as your MPCT Account. Please contact your current QTP/CESA for the proper mailing address.

Current QTP/CESA Account Number

Account Holder SSN/TIN

Current QTP/CESA Beneficiary Name *(first, MI, last)*

QTP/CESA Name

QTP/CESA Phone Number

QTP/CESA Street Address Line 1

QTP/CESA Street Address Line 2

QTP/CESA City

QTP/CESA State

QTP/CESA ZIP Code

#### 4. ROLLOVER AMOUNT (DIRECTION FOR CURRENT QTP/CESA)

Please roll over the following from my Current QTP/CESA:

My **ENTIRE** current Account balance.

A **PARTIAL** Account balance amount:

Partial Rollover Amount

#### 5. ACCOUNT HOLDER SIGNATURE

By signing below, I agree to the terms and conditions set forth below and 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 roll over the funds in my current QTP/CESA Account noted in Section 3 to the MPCT Account noted in Section 1. I authorize my current QTP/CESA listed in Section 3, Maryland529, MPCT, its agents and their affiliates to act on my instructions based upon this information. I understand that there are restrictions under the federal tax laws on Rollovers between QTP/CESA Accounts that are summarized in the MPCT Disclosure Statement and that I am solely responsible for any tax penalties generated by this request. 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 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)

#### 6. SIGNATURE GUARANTEE (if required by current QTP/CESA)

Your current QTP/CESA may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your assets. To avoid delays, call your current QTP/CESA for the requirements before submitting this form. 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