


- ▶ Use this form to **recontribute Benefits** from a recent distribution back to your Account.
- ▶ Recontributions must:
 - » Be made within **60 days** of the date of the refund from an Eligible Educational Institution of Benefits distributed for Tuition or other Qualified Higher Education Expenses.
 - » Not exceed the original distribution or refund amount.
- ▶ The fee to recontribute Benefits is **\$10.00** and must be paid along with your Recontribution amount.
- ▶  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**.

1. ACCOUNT INFORMATION *(required)*


Account Number

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

Daytime Phone Number

Beneficiary Name *(first, MI, last)*

2. DISTRIBUTION INFORMATION

Please provide the following information for the distribution associated with the funds you are recontributing and **attach the refund paperwork**  provided by the Eligible Educational Institution.

Term / Year

Eligible Educational Institution

Total Distribution Amount

Recontribution Amount

Recontribution Reason *(optional)*

3. CURRENT ACCOUNT HOLDER'S SIGNATURE

By signing below, I agree to the terms and conditions set forth below and in the MPCT Disclosure Statement and Enrollment Agreement. 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 recontribute the Benefits noted above and have already submitted the funds back to the above-referenced Account. I understand that my Recontribution will not be processed until MPCT has received the recontributed funds. I authorize Maryland529, MPCT, its agents and their affiliates to act on my instructions based upon this information. I understand that there may be tax penalties associated with my request and that I am solely responsible for the tax repercussions of 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)*