

Maryland Prepaid College Trust Change of Beneficiary Form

Maryland529

PREPAID COLLEGE TRUST

✓ **Use this form to:** Change the Beneficiary

Complete all sections of this form and return it to:

Maryland Prepaid College Trust
217 E. Redwood Street, Suite 1350
Baltimore, MD 21202

If all the sections are not completed, processing will be delayed.

The fee to change a Beneficiary is \$100.

***Payment must be sent in with form.**

- The fee is waived in the case of death or disability of the original Beneficiary. If the original Beneficiary has died, please attach a copy of the death certificate. If the original Beneficiary is disabled, please attach medical documentation.
- The fee does not cover a possible increase in Contract payments due to the Beneficiary change.

Print or type all information except your signature. Original signature is required.

1 Account Information

Account Holder (Trust name if applicable)	Social Security/Tax ID Number
Custodian or Trustee (if applicable)	
Current Beneficiary	Social Security Number
Account Number	

2 New Beneficiary

If the new Beneficiary has an existing Account provide the existing Account number.

Name	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number	Date of Birth (mm/dd/yyyy)	
Relationship to current Beneficiary*	Existing Account Number (if applicable)	
Address		
City	State	ZIP Code

***NOTE:** The new Beneficiary must be a Member of the Family of the former Beneficiary as defined in the Prepaid College Trust Disclosure Statement.

2 New Beneficiary (cont.)

I would like to change the projected year of enrollment to:

New Projected Year of Enrollment

August 1, _____

Please note that only the full remaining benefits balance can be transferred. Please see Article VII-Substitutions of the Disclosure Statement for details.

3 Signature

By signing this form, I understand and hereby certify that:

- I authorize Maryland 529 and the Prepaid College Trust, their agents, and their affiliates to act on any instructions in this form believed to be genuine and from me.

SIGNATURE AND DATE REQUIRED

Account Holder or Custodian (if Account Holder is a minor) or Trustee(s) _____ Date (mm/dd/yyyy) _____

X

FOR OFFICE USE ONLY

Name:

Date Processed:

Comments: