

# Maryland Prepaid College Trust Benefits Claim Form

# Maryland529

PREPAID COLLEGE TRUST

**✓ Use this form to:**

Claim a semester's benefits from your account for your Beneficiary's attendance at a degree granting institution.

- Prior to completing this form, you should review details on your semester of tuition benefits that are contained in the Contract in Article IV-Benefits.
- We will return this form to you if it is incomplete, including a missing signature or itemized billing statement from college detailing tuition and fee charges.
- Confirming your payment: Once processed, Account Holders can view their distribution by logging on to their account online. A written confirmation of this distribution is also mailed to the Account Holder at the address on record.
- If you wish to delay your benefits, there is no need to return this form until you are ready to claim benefits.

**Our office requires at least 10 business days to process completed payment requests and mail payment.**

**MAIL TO:**

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

**EMAIL TO:**

benefits@maryland529.org

**FAX TO:**

410-333-2295; please note on the fax if you would like a confirmation that your fax has been received; must include contact information.

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

## 1 Account Information

Account Holder (Trust name if applicable)	Account Number
Custodian or Trustee (if applicable)	
Beneficiary	Student ID

## 2 Distribution Instructions

Provide the semester and the amount to distribute.

**CIRCLE ONE:**

Semester: Spring / Fall      Year: \_\_\_\_\_

**AMOUNT—CHECK ONE:**

- My Full Semester Benefit
- Partial Semester Benefit of \$ \_\_\_\_\_

## 3 Payment Instructions

### 3A Payee Options

The Beneficiary's Social Security Number (SSN) will be used for tax reporting, unless the check is payable to the Account Holder or a leasing company, in which case the Account Holder's SSN will be used. You must complete another Benefits Claim Form for additional payments.

**Please select a payee option:**

- Eligible Educational Institution (payment direct to college).** Attach a legible itemized billing statement showing tuition and fees that includes the college's name, payment address, and if available, the Student ID #.
- Account Holder.** I have paid the college and request to be reimbursed. Attach a legible itemized billing statement showing tuition and fees AND a copy of a check, electronic or debit/credit card transaction as evidence of payment OR evidence of a scholarship, grant, or tuition remission or proof of attendance at a U.S. Military academy.
- Beneficiary.** Attach a legible itemized billing statement showing tuition and fees AND a copy of a check, electronic or debit/credit card transaction as evidence of payment OR evidence of a scholarship, grant, or tuition remission or proof of attendance at a U.S. Military academy.
- Leasing Company.** The leasing company address is required in Section 3B. For scholarship recipients only—attach evidence of a scholarship and the entire lease.

**All payments are mailed via first class U.S. mail. Checks payable to an Account Holder or Beneficiary will only be mailed to the address of record. To change an address of record, please log on to your account on our website or send us an Account Services Form accompanied by a Medallion Signature Guarantee.**

For leasing company ONLY, please provide address below:

Leasing Co.		
Leasing Tax ID		
Address — Line 1		
Address — Line 2		
City	State	ZIP Code

By signing this form, I authorize the Benefit Claim (distribution) and understand and hereby certify that:

- The information in this form is accurate. I agree to hold harmless Maryland 529, the Prepaid College Trust, and the Trustee for any losses arising out of any misrepresentations made by me or breach of acknowledgements contained in this form or if I distribute assets to a payee for the purpose of reducing my associated tax liability.
- **I authorize the Maryland Prepaid College Trust to act on instructions on the form believed to be genuine and from me.**
- **I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this distribution for tax purposes.**

**SIGNATURE AND DATE REQUIRED**

Account Holder, Trustee, or Custodian (if Account Holder is a minor)	Date (mm/dd/yyyy)
<b>X</b>	
Day Time Phone Number	
Evening Phone Number	
Email	

<b>FOR OFFICE USE ONLY</b>	
<b>Name:</b>	<b>Date Processed:</b>
<b>Comments:</b>	