

# MARYLAND COLLEGE INVESTMENT PLAN

## Maryland State Payroll Deduction Form

Use this form to initiate, change, or cancel payroll deductions. Please note that this form is only for use by permanent Maryland State Employees who are the Account Holder of the Maryland College Investment Plan Account(s) in which the payroll deductions are being contributed.

**Please print or type all information in black ink and mail both pages of this completed and signed form to:**

MARYLAND COLLEGE INVESTMENT PLAN  
P.O. Box 17479  
BALTIMORE, MD 21297-1479

For help in completing this form, please call 1-888-4MD-GRAD (1-888-463-4723).

### 1. Payroll Information and Authorization

INDICATE THE PAYROLL SYSTEM YOU ARE IN:  Regular  University of Maryland

PERSONNEL/PAYROLL AGENCY CODE

(See your pay stub for this information)

AGENCY NAME

SOCIAL SECURITY NUMBER

EMPLOYEE NAME

DEDUCTION ACTION REQUESTED	DOE CODE	TOTAL DEDUCTION AMOUNT*	PAYROLL CYCLE
<input type="checkbox"/> Initiate	<b>BE</b>	<b>\$</b>	Deduction will begin on the next available pay period upon receipt at CPB and will occur each pay period.
<input type="checkbox"/> Change			
<input type="checkbox"/> Cancel – checking this box will cancel ALL payroll deductions. To cancel deductions for one or some accounts, check “Change” and provide instructions on page 2.			
	NAME OF DEDUCTION		
	<b>MD COL INV PL</b>		

\*You must complete page 2 of this form to provide payroll deduction investment instructions. The Total Deduction Amount is the amount that will be deducted per pay period. There is a \$25 minimum investment per account, per pay period.

By signing this form, I hereby certify and acknowledge that I authorize the State of Maryland to deduct from my salary the amount indicated above and to forward the funds to the Maryland College Investment Plan. Contributions to my Maryland College Investment Plan account(s) will be allocated in accordance with my instructions in Section 2 of this form. These deductions will continue until the Central Payroll Bureau and the Maryland College Investment Plan receive written notice from me to change the deduction amount or cancel the deduction. This notice must be received in a time and manner that allows the State and the Maryland College Investment Plan a reasonable opportunity to process my request. I agree to pay back any monies erroneously deposited into my account by the Maryland College Investment Plan or the State of Maryland.

Employee's Signature

Daytime Telephone Number

Date

For Official Use by T. Rowe Price

T. Rowe Price – Authorized Signature

Date

## 2. Allocation Information

Complete the chart below to reflect the changes or additions you would like to make to your payroll deduction(s) per pay period. There is a \$25 minimum investment requirement per account, per pay period. Indicate whether you are initiating, changing, or canceling payroll deductions and provide specific information about the accounts that will be affected in the chart below.

ACTION REQUESTED (check one):

Initiate

Change

Cancel – checking this box will cancel ALL payroll deductions. To cancel deductions for one or some accounts, check “Change” and provide instructions below.

BENEFICIARY	PORTFOLIO NAME	ACCOUNT NUMBER*	DOLLAR AMOUNT**

\*If you do not currently have a Maryland College Investment Plan account, please first complete an Enrollment Form which can be found online at [collegesavingsmd.org](http://collegesavingsmd.org) or by calling 1-888-4MD-GRAD.

\*\*Minimum investment is \$25 per account, per pay period.

**TOTAL CONTRIBUTION AMOUNT** \_\_\_\_\_

Total contribution amount is the amount invested **per pay period**. This amount must match the sum of all dollar amounts provided in the chart above, as well as the Total Deduction Amount provided on page 1 of this form. Please complete an additional form if you have more than seven (7) accounts.

**Your signature on page 1 of this form will authorize these cancellations/changes/additions to your payroll deduction agreement(s).**

\_\_\_\_\_  
Employee's Name – Print