

# Maryland College Investment Plan Distribution

# Maryland529

formerly College Savings Plans of Maryland

**Most distributions may be requested by calling 888.4MD.GRAD (463.4723).**

**Use this form to:**

Request a distribution that cannot be completed by phone and requires a signature guarantee:

- The distribution is \$50,000 or more
- The distribution is sent to an address not on record
- The distribution is sent to a new bank account

**Mail to:**

Maryland College  
Investment Plan  
P.O. Box 17479  
Baltimore, MD 21297-1479

**Express delivery only:**

Maryland College Investment Plan  
Mail Code 17479  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

- This stamp indicates a signature guarantee is required.
- This paper clip indicates you may need to attach documentation.

## 1 Account Information

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

## 2 Distribution Instructions

Provide the Account number and amount to distribute. If the distribution is for the total Account balance, the Account will close, and any Automatic Monthly Contributions (AMC) will stop unless you check here:  Continue AMC.

**NOTE:** See the Plan Disclosure Statement for information on Qualified and Non-Qualified Distributions, taxes, and penalties.

Account Number	Amount	All
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
<b>Total</b>	\$	

For more Accounts, check this box and attach a [separate page](#).

## 3 Payment Instructions

3A Payee

The Beneficiary's Social Security number (SSN) will be used for tax reporting unless the distribution is payable to the Account Holder, in which case the Account Holder's SSN will be used per IRS requirements.

**Check only ONE payee option:**

- Account Holder.**
- Beneficiary.**
- Eligible Educational Institution for benefit of (FBO) Beneficiary.** The check will be sent to the school address provided in Section 3B.

**Beneficiary and Eligible Educational Institution, jointly.** Provide the institution name in Section 3B. The check will be sent to the Beneficiary's address on record.

**Estate of Beneficiary.** Provide a certified copy of the court-issued document that appoints the executor of the estate and a copy of the Beneficiary's death certificate.

### 3B Payment Options

Checks will be sent to the address on record of the payee checked in Section 3A unless you provide a different address below or check the box to transfer to a bank. If you provide a new address, a signature guarantee is required unless the check is payable to the Eligible Educational Institution FBO Beneficiary.

Make this the payee's address of record.

Institution Name*		
Student ID Number*		
Address – Line 1*		
Address – Line 2*		
City*	State*	ZIP Code*

**\*NOTE:** Required if payee is the Eligible Educational Institution FBO Beneficiary.

- Transfer to bank on file.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
- Transfer to new bank.** The payee must be the Account Holder or Beneficiary and listed as an owner on the bank account.
  - Enclose a voided check or preprinted savings deposit slip.
    - Checking account **or**  Savings account
    - Check one:**  Add bank  Replace current bank

**Check transfer method:**

- Automated Clearing House (ACH).
- Wire. **NOTE:** Your bank may charge a fee.

## 4 Signature

### 4A Account Holder, Custodian, or Trustee

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

- The information in this form is accurate. As described in the College Investment Plan Disclosure Statement, I agree to hold harmless Maryland 529, the Trust, the Trustee, and T. Rowe Price for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- I have received and agree to the terms set forth in the College Investment Plan Disclosure Statement, and will retain a copy for my records. I understand that Maryland 529, from time to time, may amend the Disclosure Statement, and I understand and agree that I will be subject to the terms of those amendments.
- I authorize the Trust and T. Rowe Price and their agents and their affiliates to act on instructions believed to be genuine, and from me, for any service authorized in this form, including telephone/computer services. T. Rowe Price uses procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, Maryland 529, the Trust, and T. Rowe Price will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.
- By selecting the EFT service on this form, I hereby authorize the Trust and T. Rowe Price to initiate debit entries to the account at the financial institution indicated (on the enclosed voided check or savings deposit slip) and for the financial institution to debit such account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and T. Rowe Price. The Trust and T. Rowe Price may correct any transaction errors with a debit or credit to my financial institution account and/or College Investment Plan Account. **This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify the College Investment Plan of its revocation by telephone or in writing and it has had sufficient time to act on it.**
- If I am withdrawing my entire Account balance, I understand that my Account will be closed unless I indicated in Section 2 that I want to continue AMC.
- **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.**

**NOTE:** To remove a Custodian, complete the [Custodian Removal](#) form.

#### Signature guarantee is required if:

- The distribution is \$50,000 or more
- The distribution is sent to an address not on record
- The distribution is sent to a new bank account

#### SIGNATURE AND DATE REQUIRED

Account Holder, Trustee,  
or Custodian (if Account Holder is a minor)

Date (mm/dd/yyyy)

X

### 4B Signature Guarantee

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction, or it may be rejected.

#### MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW