

# Maryland Prepaid College Trust Recontribution Form

# Maryland529

PREPAID COLLEGE TRUST

**✓ Use this form to:**

Recontribute benefits to an account following a refund of any qualified higher education expenses from an eligible education institution.

- We will return this form to you if it is incomplete, including a missing signature or itemized statement from college detailing the refunded amount.

**Requests for recontributions must be made within 60 days of the date of refund and may not exceed the refund amount.**

**MAIL TO:**

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

- Enclose refund paperwork from school.
- Enclose check.

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

## 1 Account Information of Original Distribution

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

## 2 Recontribution Instructions

Date	School	Amount	Account #
		\$	
		\$	
<b>Total</b>		\$	

## 3 Signature

Account Holder, Custodian, or Trustee

By signing this form, I authorize the recontribution 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 this 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)

**X**

**FOR OFFICE USE ONLY**

**Name:**  
**Comments:**

**Date Processed:**