

Maryland Prepaid College Trust Change of Tuition/Payment Option Form

Maryland529

PREPAID COLLEGE TRUST

✓ Use this form to:

- Request a conversion of your existing account to another tuition plan or projected enrollment year, or payment option.
- Make a significant payment.

Any change on this form may result in an increase in payments, due to the conversion.

ANY REQUIRED FEE MUST BE SENT IN WITH THIS FORM.

X Do not use this form to:

- Add additional semesters or years to the account. Call for instructions.

Mail to:

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

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)	
Beneficiary	Social Security Number
Account Number	
Do you want your automatic bank deduction updated? <input type="checkbox"/> YES <input type="checkbox"/> NO	

2 Tuition Plan Change (if applicable)

Skip this section if the tuition plan is not changing. Please change my current tuition plan to the following. Select the tuition plan option from the drop down menu below.

New Tuition Plan

\$10 fee - NOTE: this fee does not cover a possible increase in payments due to the conversion.

3 Projected Year of Enrollment (if applicable)

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

New Projected Year of Enrollment
August 1, _____

\$10 fee - NOTE: this fee does not cover a possible increase in payments due to the conversion.

4 Payment Option Change (if applicable)

Skip this section if the payment option is not changing. Please change the payment option to the following (\$25 fee). Select the payment option from the drop down menu below.

New Payment Option

5 Significant Payment (if applicable)

Significant payment (please indicate amount) \$

NOTE: payments will only be recalculated if a contribution equals 25% or more of a payoff balance.

- Check to apply contribution and reduce the amount of your current payment.
- Check to apply contribution and reduce the number of remaining payments.

6 Signature

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

- All account information provided is true and accurate.
- I authorize the Maryland Prepaid College Trust to initiate the actions authorized within this form, pending Account Holder signature verification.

SIGNATURE AND DATE REQUIRED

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

X