



# Request for Account Support

Please completed the form below. \* *Denotes a required field*

***Account information is confidential and as such, we are only allowed to correspond with the Account Holder or Authorized Representative.***

1. **Date this Support Request Form Completed \***

( \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ ) *month / day / year*

2. **Account Holder Name \***

\_\_\_\_\_

3. **Account Holder Address \***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Maryland Prepaid College Trust Account Number \***

\_\_\_\_\_

5. **Please type the best telephone number(s) to reach you between approximately 10 am – 5 pm ET, but please include only the telephone numbers we are authorized to call at any time. \***

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. **Account Holder Email \*** \_\_\_\_\_

7. **Contract Effective Date** \_\_\_\_\_

8. **Do you have one or more Beneficiary(s) currently enrolled at a Higher Education Institution? \***

*Mark only one.*

**Yes**

**No**

9. **If yes, is your Beneficiary(s) enrolled as an in-state student at a Maryland Public College? \***

*Mark only one.*

*Yes*

*No, my Beneficiary is enrolled at a private or out-of-state college.*

*N/A*

10. **If your Beneficiary(s) is enrolled in an out-of-state or private college, list the college(s). \***

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11. **Are you seeking a rollover of your Prepaid Account? \***

*Mark only one.*

*Yes, full rollover*

*Yes, partial rollover*

*No*

**12. Are you seeking a refund of your Prepaid Account? \***

*Mark only one.*

*Yes, full refund*

*Yes, partial refund*

*No*

**13. Describe the problem in detail below giving timeline and using as much space or extra pages as needed. \***

**Please mail / email the completed Form (and any supporting information, documentation, and/or screenshots that will help Maryland529 work with the vendor to resolve the issue) to the following address -**

**Maryland 529  
Attn: Account Support  
217 E. Redmond Street, Suite 1350  
Baltimore, MD 21202  
[mpctassistance.md529@maryland.gov](mailto:mpctassistance.md529@maryland.gov)**

**Please redact/black out visible social security numbers, bank account numbers, credit card numbers or other sensitive financial account information prior to emailing or mailing.**

Files Submitted (*List all*):