


Maryland Senator Edward J. Kasemeyer  
College Investment Plan

## State Contribution Program Application

# Maryland529

- Use this form to apply for the **Maryland Save4College State Contribution Program**.
- For faster processing, you can complete this request online at **Maryland529.com**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Description.

 **1.888.4MD.GRAD (463.4723), Option 1**  
Monday - Friday 8:00 a.m. to 8:00 p.m. ET

 **www.Maryland529.com**

Regular mailing address:

**Maryland College Investment Plan  
PO BOX 55913  
Boston, MA 02205-5913**

Overnight mailing address:

**Maryland College Investment Plan  
95 Wells Ave, Suite 160  
Newton, MA 02459**

### To be eligible, the following requirements must be met:

#### The Account Owner must:

- Be a Maryland resident.
- Be at least 18 years of age at the time of application.
- Have adjusted gross income that does not exceed \$112,500 as an individual or \$175,000 as a married couple filing jointly (based on the previous taxable year).
- File taxes by July 15th, if filing taxes in Maryland. The July 15th deadline is regardless of other tax-deadline extensions that may be available in Maryland and does not revise the normal State deadline of April 15th.
- Have not received \$9,000 in prior State contributions.

#### The Beneficiary must:

- Be a Maryland resident.
- Be under the age of 26 years in the calendar year before the Account Owner submits the State Contribution Program Application.  
*\*Example: For the 2025 application year, the Beneficiary is eligible if they are 25 years old or younger on December 31, 2024.*

#### General Requirements:

- The Maryland College Investment Plan Account for which you apply must have been opened after December 31, 2016. If you have a closed/zero balance Account (for more than 24 months) and open a new Account for the same Beneficiary you may apply for the Maryland Save4College State Contribution Program for that Account.
- Only 1 applicant per Account Owner/Beneficiary relationship can be submitted.
- A Beneficiary may only receive 2 State contributions in any year.
- You must submit an application for the State Contribution Program beginning January 1 through May 31 of the calendar year in which you are applying. Your application must be submitted online or postmarked no later than May 31 of the year in which you are applying.
- You must make at least the minimum contribution beginning January 1 through November 1 of the calendar year for which you apply.
- Please review the Maryland Adjusted Gross Income table located at **www.Maryland529.com/Save4College** for guidance on the minimums and other program details that may apply.
- You must agree to an income verification process through the State of Maryland Office of the Comptroller which will determine your eligibility and required minimum contribution.
- Please note the Maryland General Assembly may impose other program requirements or restrictions at any time. If any State Contribution Program changes are effective for 2025 application period, applicants will be notified by electronic communication. Program updates will also be available at **https://maryland.com/save4college**.



\* M D S T A T E C O N T R I B P G M A P P \*

1. Account Owner or UGMA/UTMA Custodian (Applicant) Information

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

Citizenship (Required) U.S. Citizen U.S. Resident Alien

Citizenship (If U.S. Resident Alien, indicate country of citizenship.)

Primary Telephone Number

Secondary Telephone Number

Mobile Landline

Mobile Landline

Email Address

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all account mailings.)

City State Zip Code

Update the address(es) of record to match what is listed above for the Account Owner or UGMA/UTMA Custodian.

2. Beneficiary or Minor Information

A Beneficiary is the person who is expected to receive the benefit of the Account. If an address is not provided below, the address of the Account Holder will be used. The Beneficiary must be a Maryland resident. A Beneficiary is limited to receiving two State Contributions per year, and priority is determined on a first come, first served basis if more than two eligible applications for the same Beneficiary are received in a given year. The Account number below must have been established after 12/31/2016.

Account Number (Required)

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Check if Beneficiary's address is the same as Account Owner's/Custodian's, otherwise complete the following:

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Note: Your Save4College State Contribution Program application is tied to the specific Account number and Beneficiary for which you applied; therefore your application will NOT be automatically updated when you request a Beneficiary change after submitting an application. If you request a Beneficiary change and wish to change the Account that will receive the State contribution, please contact us at 888.4MD.GRAD (463-4723), Option 1.

**3. Application Priority** *(Recommended)*

Please consider applying for all eligible Accounts at this time. If you choose not to apply for all eligible Accounts at this time, the order of priority will be locked with applications received earlier being given higher priority should the State not fund all eligible Accounts, or you approach and meet the \$9,000 limitation on State contributions that an Account Holder may receive. For applications submitted at the same time, default priority will be based on the Beneficiary's date of birth, with the youngest Beneficiary receiving top priority. Changes to prioritization of applications can be made over the phone or in writing if direction is received by May 31st.

**Default Priority.** Proceed to and complete Section 4.

**Choose my Priority.** Provide the priority order you would like this application to be set as. For example, if you are applying for multiple accounts at this time you should indicate the order on each individual application. For example, one of four and on subsequent paper forms two of four, three of four, and four of four with what your preferred priority is for this application group.

[ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

**If no selection is made above, your applications will be prioritized based on the default priority as defined above.**

#### 4. Signature and Certification—YOU MUST SIGN BELOW

**By signing below, I understand and hereby certify that:**

- I have read and understand the terms and conditions of the Maryland State Contribution Program.
- I certify under penalty of perjury that both the Beneficiary and Account Holder are Maryland residents.
- The information in this form is accurate. As described in the College Investment Plan Disclosure Statement, I agree to hold harmless Maryland 529, the Maryland State Treasurer, the Trust, the Trustee, and the State and any other agency of the State, as well as T. Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- 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.
- I understand a Beneficiary can receive a maximum of two State contributions per year and that priority will be determined on a first come first serve basis, assuming eligibility requirements are met.
- I understand that the State may impose other program requirements or restrictions at any time.
- I understand that an Account Holder cannot receive more than \$9,000 in State contributions.
- In the case of an UGMA/UTMA account with an owner over the age of 18, I am the authorized individual to act on behalf of the owner because the terms of the UGMA/UTMA have not been satisfied.
- I understand that State Contributions are not guaranteed. I understand that the State funding for contributions is limited to a certain amount each fiscal year. As with the entire State budget, the Maryland General Assembly has final approval. If resources are insufficient to fully fund all eligible Accounts, the Trust shall provide contributions in the order in which applications are received in good order and give priority to applications of Account Holders who did not receive a State Contribution in any prior year.
- I understand that if I am a recipient of the State contribution for any Account in a given year, I am not eligible for the State income subtraction on my taxes for contributions that I made to the Account receiving the State contribution or any other College Investment Plan Account.
- I authorize Ascensus College Savings Recordkeeping Services, LLC, as recordkeeper for the Maryland College Investment Plan, to receive and inspect confidential tax information from the Comptroller of Maryland's office to verify my Maryland adjusted gross income for the prior calendar year for the purpose of confirming my eligibility for the Maryland Save4College State Contribution Program.
- I understand that if I file (or intend to file) a Maryland tax return covering the previous calendar year by the July 15th Save4College State Contribution Program tax filing deadline, I do not need to complete the attached Affidavit of Account Holder for State Contribution Eligibility. I understand that if I do not intend to file a Maryland tax return covering the previous calendar year because I am not required to file, then I must complete the attached Affidavit. I understand that if I am not sure if I will file a Maryland tax return covering the previous calendar year, then I should complete the attached Affidavit.

By having the Plan accept delivery of this form, executed by me and in good order, the Trust acknowledges acceptance of the form, binding the Trust and me in accordance with its terms.

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

### AFFIDAVIT OF ACCOUNT HOLDER FOR STATE CONTRIBUTION ELIGIBILITY

**Note: This page should only be completed by applicants that did not file a Maryland tax return covering the previous calendar year.**

\_\_\_\_\_, (Name), \_\_\_\_\_ (Social Security Number) being duly sworn, deposes and says:

1. I, \_\_\_\_\_ (Name), am an Account Holder with the Maryland College Investment Plan, which account was opened after December 31, 2016.
2. I have read and understand the terms and conditions of the Maryland State Contribution Program.
3. The information contained in my Application for the Maryland State Contribution Program submitted for the current year, is accurate.
4. I did not file a Maryland State income tax return for tax year 2024 because I was exempt from filing a Maryland State income tax return.
5. I am in compliance with all State and Federal tax filing and payment obligations.
6. I meet the income requirements of the Maryland State Contribution Program with Maryland adjusted gross income of zero or less than \$50,000 for an individual [or \$75,000 for a married couple filing a joint return].
7. In the case of an UGMA/UTMA custodial account with an owner over the age of 18, I am the authorized individual to act on behalf of the owner because the terms of the UGMA/UTMA have not been satisfied.
8. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing are true. As described in the College Investment Plan Disclosure Statement, I agree to hold harmless Maryland 529, the Maryland State Treasurer, the Trust, the Trustee, and the State and any other agency of the State, as well as T. Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this affidavit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), before the undersigned, a Notary Public of the State of \_\_\_\_\_, personally appeared \_\_\_\_\_ (Name), who gave oath in due form of law that he/she has personal knowledge of and is competent to testify with regard to the facts recited in the within affidavit, and that the facts and matters recited herein are true and correct to the best of his/her knowledge, information and belief.

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public