

Maryland Senator Edward J. Kasemeyer  
College Investment Plan  
**Account Application**

# Maryland529

- For faster processing, you can complete this request online at **Maryland529.com**.
- Before you invest, consider whether your or the Beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description.
- 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**

### Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

*What this means for you:* When you open an Account, we will ask for your name, address, date of birth, Social Security number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

## 1. Account Type

- ☐ **Individual Account.** I am opening a new Maryland College Investment Plan Account.
- ☐ **UGMA/UTMA Account.** I am opening a new UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of   (please abbreviate) in which the liquidated UGMA/UTMA custodial Account was opened.



\* MD ACCOUNT APPLICATION \*

- The Account Owner is the person who owns the Account. If the Account Owner listed in this section is a minor please also complete **Section 5**, with the Custodian's information.
- If the Account is an UGMA/UTMA Account complete this section with the Custodian's information. The Custodian is the person who manages the Account until the minor Beneficiary reaches the age of termination.

Legal Name (First name) **(Required)**

[illegible]

–   –      
 Social Security or Taxpayer Identification Number **(Required)**

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

☐ U.S. Citizen      ☐ U.S. Resident Alien

Citizenship (**Required**)

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.)

—

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

[illegible]

–   –      
 Social Security or Taxpayer Identification Number **(Required)**

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

☐ U.S. Citizen      ☐ U.S. Resident Alien

Citizenship (**Required**)

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

☐ 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

## 4.

- As the Account Owner/Custodian, you may designate a Successor to take control of the Account in the event of your death.
- **Note:** If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the Beneficiary has reached the age of termination.
- The Successor must be eligible to become an Account Owner/Custodian in the event of death of the current Account Owner/Custodian. The Successor must be an individual residing in the U.S. with a valid Social Security number or taxpayer identification number who is at least 18 years of age or legally recognized entity (*Foreign Trusts are not eligible*), at the time the Account is transferred and when a contribution is made to the Account.
- You may revoke or change your designation later by completing the appropriate form.
- See the Maryland College Investment Plan Description for more information.

Successor's Legal Name (*First name*) or Entity Name (*Foreign trusts are not eligible.*) (M.I.)

  

Successor's Legal Name (*Last name*) or Remaining Entity Name

  

—  —

Birth Date or Trust Date (*mm-dd-yyyy*) **(Required)**

**5.**

Complete this section only if the person listed in **Section 2** is a minor.

Legal Name ( <i>First Name</i> ) <b>(Required)</b>		(M.I.)	
Legal Name ( <i>Last Name</i> ) <b>(Required)</b>			
Social Security or Taxpayer Identification Number <b>(Required)</b>	Birth Date ( <i>mm-dd-yyyy</i> ) <b>(Required)</b>		
Mailing Address			
City	State	Zip Code	
Primary Telephone Number	Secondary Telephone Number		
<input type="checkbox"/> Mobile <input type="checkbox"/> Landline	<input type="checkbox"/> Mobile <input type="checkbox"/> Landline		
U.S. Permanent Street Address ( <i>P.O. boxes are not acceptable.</i> ) <b>(Required)</b>			
City	State	Zip Code	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	<input type="text"/>		
Citizenship <b>(Required)</b>			

Complete this section if you want to have an additional person (*interested party*) receive quarterly Account statements.

Interested Party (First name)

(M.I.)

Interested Party (*Last name*)

Mailing Address

City

State

Zip Code

Telephone Number

☐ Compliance

Investment Advisor☐ Family Member☐ Other

Complete this section to allocate your initial and future contributions to your selected Investment Option(s).

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal **100%**.
- You can view or change your future allocations online, by telephone or by form at any time.
- For information on the Investment Portfolios, refer to the Plan Description or visit the Plan's Investment Options page at **Maryland529.com**.

Each portfolio's allocation is targeted to the year in which you will begin using your education savings. These portfolios include a mix of stock and bond mutual funds which is periodically adjusted to more conservative allocations as the target year approaches. Assets are automatically moved to the Portfolio for Education Today in the year indicated in the name of the Portfolio.

Portfolio 2045 □ □ □ %Portfolio 2042 

%

Portfolio 2039 □ □ □ %Portfolio 2036 □ □ □ %Portfolio 2033 □ □ □ %Portfolio 2030 □ □ □ %Portfolio 2027 □ □ □ %Portfolio for Education Today □ □ □ %

These ten portfolios invest in a predetermined mix of stocks, bonds, and/or money market funds, where the asset allocations are designed to remain fixed. Investing in a more aggressive or conservative portfolio gives you the flexibility to choose an option that works best for you.

Equity Index 500 Portfolio □ □ □ %

Equity Portfolio					%
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Extended Equity Market Index Portfolio □ □ □ %Global Equity Market Index Portfolio □ □ □ %

Social Index Equity Portfolio □ □ □ %

Balanced Portfolio □ □ □ %

Bond and Income Portfolio □ □ □ %

Inflation Focused Bond Portfolio □ □ □ %

U.S. Bond Index Portfolio				%
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U.S. Treasury Money Market Portfolio □ □ □ %

Total **100**%

## 8. Contribution Method

- Your initial contribution can come from several sources combined but you must select at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for distribution for 5 business days upon deposit to your Account.

**Source of funds** *(Complete all that apply.)*

- A. ☐ **Check:** Make check payable to **Maryland College Investment Plan.**

Include your check with this **Account Application**. Personal checks (excluding starter checks), bank drafts, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$100,000 endorsed over to the Plan are accepted.

\$    ,    .

Amount

- B. ☐ **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Maryland College Investment Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **Maryland529.com** or by calling **888.4MD.GRAD (463.4723), Option 1**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 8B** and **9** for each additional Recurring Contribution instruction or bank account.

**Important:** To set up this option, you must provide bank information in **Section 9**.

**Amount of Debit:**    ☐ \$25    ☐ \$50    ☐ \$100    ☐ \$150    ☐ \$250    ☐ Other    \$.

**Frequency** *(Select one.):* ☐ **Monthly** ☐ **Quarterly**

**Start Date:\***        -   -      
Date (mm-dd-yyyy)

\*The Plan must receive instructions at least 3 business days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. If the date is not specified, this option will default to the 20th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the contribution will occur on the next available business day. Please review your quarterly statements for details of these transactions.

**Annual Increase.** You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$ ..00

**Month\*\*:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June  
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

\*\* The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

- C. ☐ **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 9**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$    ,    .

Amount

- D. ☐ **Rollover from another 529 plan or Coverdell Education Savings Account to a Maryland College Investment Plan Account:**

- To roll over proceeds directly from another 529 plan, submit the Plan's Incoming Rollover Form along with this application.

- E. ☐ **Transfer from an existing Maryland College Investment Plan Account:** Complete this section if you are transferring assets from an existing Account. You will also need to complete a **Transfer Form**.

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Account Number

- F. ☐ **Indirect Rollover:** Indirect rollover of a distribution from a 529 plan, a Coverdell Education Savings Account (ESA), or qualified U.S. Savings Bonds within the past 60 days. **NOTE:** You must provide the principal and earnings applicable to the rollover amount. If left blank, the entire amount will be treated as earnings in accordance with the IRS requirements.

\$

Amount of Rollover

\$

Principal (Basis)

\$

Earnings

- G. ☐ **Payroll Direct Deposit:** You can establish or change payroll direct deposit by logging into your Account at **Maryland529.com**. If you want to make contributions to your Maryland College Investment Plan Account directly as a payroll direct deposit, you must contact your employer's payroll office to verify that you can participate. Payroll direct deposit contributions will not be made to your Maryland College Investment Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Maryland College Investment Plan. The amount you indicate below will be in addition to payroll direct deposits that you may have previously established for other Maryland College Investment Plan Accounts.

Amount of payroll direct deposit each pay period (enter any dollar amount):

\$

- H. ☐ **Save4College State Contribution Program:** Complete the **State Contribution Program Application** or apply online at **Maryland529.com**. If you are eligible for the program, you must contribute the minimum amount between January 1 and November 1 (based on your reported income). For more information please visit **Maryland529.com/Save4College**.

## 9. Bank Information (Required to establish the Recurring Contribution or EFT service.)

**Note:** All bank account owners must sign below. However, if the Account Owner or Custodian is not an owner of the bank account, please complete the **Account Features Form**.

**Important:** I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations. Contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

Bank Name

Bank Routing Number

Bank Account Number

Account Type  
(Check One.)

☐ Checking

☐ Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions to your Account.

Bank Account Owner (First name)

(M.I.)

Bank Account Owner (Last name)

SIGNATURE

Signature of Bank Account Owner

—   —

Date (mm-dd-yyyy)

Joint Bank Account Owner (First name)

(M.I.)

Joint Bank Account Owner (Last name)

SIGNATURE

Signature of Joint Bank Account Owner

—   —

Date (mm-dd-yyyy)

Automatic dollar-cost averaging allows you to reallocate from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$500 contribution to an initial Investment Option ("*Source Option*"), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Options ("*Target Option*").
- Creating an automatic dollar-cost averaging program at the time of enrollment will NOT count towards your twice per calendar year Investment Option change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan. Your entire initial deposit does not need to be included in the automatic dollar-cost averaging program.
- If you make any changes to or cancel an established automatic dollar-cost averaging program it will count towards your twice per calendar year Investment Option change limit.

**Frequency** (Select one.): ☐ **Monthly** ☐ **Quarterly** (Based on established date, not calendar quarter.)

\* The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date is not specified, this option will default to the 15th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

**Stop Type** (Select one.):

**When total amount of reallocation equals:** \$    ,    .

☐ **When complete balance of the Source Option is depleted.**

**Source Option:**

**Target Option:**

Investment Option

\$   ,    .

Dollar Amount

Investment Option

\$   ,    .

Dollar Amount

Investment Option

\$   ,    .

Dollar Amount

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

**By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for the Maryland College Investment Plan (the “Participation Agreement”) contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.**

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in Maryland College Investment Plan (the “Plan”) for the Beneficiary to be named on this form.

Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Description.

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

- The information in this form is accurate and complete and I covenant that any information or documentation furnished by me to Plan Officials in the future shall be accurate and complete. I agree to notify the Program Manager promptly of any material changes in such information. As described in the College Investment Plan Description, 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 loss, damage, liability, cost, or expenses including reasonable attorneys’ fees, to which they shall incur by reason of, or in connection with, any misstatements or misrepresentations made by me or my Beneficiary, any breach by me of the acknowledgments, representations, or warranties in the Account Application or this Agreement or the Plan Description, or any failure by me to fulfill any covenants or agreements in this Agreement, the Account Application, the Declaration, or the Plan Description.
- I have received, read, and understand the terms and conditions of the current Plan Description and will keep a copy for my records. I understand that the current Plan Description may be amended from time to time, and I understand and agree that I and my Account will be subject to the terms of those amendments. I also understand that the State Treasurer chooses the Program Manager. The State Treasurer, in his sole discretion, may decide to change the Program Manager and any such decision may impact the Investment Options or Portfolios available for my Account.
- I am a U.S. citizen or a U.S. resident alien and have a U.S. address, and my Beneficiary is either a U.S. citizen or a U.S. resident alien.
- Plan Officials will use the information in this form to verify my identity. If, after making reasonable efforts, the parties are unable to verify my identity, the Plan is authorized to take any action permitted by law, including closing my Account and redeeming my Account at the net asset value calculated the day the Account is closed.
- If I am the Custodian executing this form on behalf of a minor Account Owner, I am of legal age in my state of residence and am legally authorized to act on behalf of the Account Owner.
- 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. The Plan uses procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Maryland 529, the Trust, T. Rowe Price, its affiliates, and its agents will not be liable for any loss, damage, liability, cost, or expenses including reasonable attorney’s fees resulting from such instructions reasonably believed to be genuine. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.
- I understand that if I provided an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Education Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon distribution, unless the Plan receives a statement, including the breakdown of principal and earnings, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was distributed from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon distribution, unless the Plan receives a statement, including the breakdown of principal and earnings, from my original account.



- If I have provided banking information in **Section 9**, I authorize the Plan Officials to initiate debit and/or credit entries in accordance with my instructions designated in the Account Application or any future instructions against my account designated in this Agreement or later designated by me. I authorize the financial institution to accept any such debits or credits to my account. I understand that my authorization for any such credit or debit must comply with applicable law, and I agree to hold harmless the Plan Officials for any credits or debits related to my Account that result in any losses, damage, liability, cost, or expenses. This authorization will remain in effect until I notify Plan Officials in writing of its termination and until they have had reasonable time to act on that termination. Plan Officials may correct any transaction errors with a debit or credit to my financial institution account and Account. I further agree to maintain the balance in my designated account at a level sufficient to satisfy each debit transaction, and I understand that if the balance is insufficient, the Program Manager may assess a fee in accordance with this Agreement and the Plan Description.
- By providing banking information, I authorize the Plan to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize distributions from my Accounts via telephone or through **Maryland529.com** provided my banking information has been on file for a minimum of 30 days. If I do not wish to activate these capabilities, I understand that I should not provide my banking information.

SIGNATURE

Signature of Account Owner/Custodian

  —   —    

Date (mm-dd-yyyy)

**I will retain a copy of this Account Application, the *Plan Description* and the *Participation Agreement* with my records.**