

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the Maryland College Investment Plan Plan Description as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize Maryland College Investment Plan or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is accurate and complete. I understand that all changes made on this form supersede all my previous designations.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize distributions from your Accounts via telephone or through **Maryland529.com** provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.
- If I have chosen the Recurring Contribution option, I authorize Maryland College Investment Plan and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of Maryland College Investment Plan, the State of Maryland, the Trust, the Trustee, T. Rowe Price, Ascensus College Savings Recordkeeping Services, LLC and its affiliates will incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying Maryland College Investment Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as Maryland College Investment Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

SIGNATURE _____
 Signature of Account Owner

□□ — □□ — □□□□
 Date (mm-dd-yyyy)

6. Medallion Signature Guarantee — IF APPLICABLE

By signing below, I authorize the Plan and its service providers, upon instruction of the Account Owner or Custodian listed in on this form, to initiate credit or debit entries to the designated account at the bank indicated on this form (Bank) now and in the future. I authorize the Bank to accept any such credits or debits to my account without responsibility to their correctness. I further agree that none of the Plan, its service providers and their affiliates will incur any loss, liability, cost, or expense for acting upon the Account Owner's request. I understand that this authorization may be revoked by me at any time by notifying the Plan in writing, and that the termination request will be effective after the Plan and the Bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified on this form.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Maryland College Investment Plan Description.

SIGNATURE _____
 Signature of third party bank account owner (In the presence of the authorized officer.)

SIGNATURE _____
 Signature of Guarantor

 Title

 Name of Institution

□□ — □□ — □□□□
 Date (mm-dd-yyyy)

Authorized Officer to place stamp here