Maryland Senator Edward J. Kasemeyer College Investment Plan

Account Features Form

- Use this form to add, change, or delete Recurring Contributions, automatic dollarcost averaging, or bank information to your Maryland College Investment Plan Account.
- 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.

Maryland529

	1.888.4MD.GRAD (463.4723), Option 1 Monday - Friday 8:00 a.m. to 8:00 p.m. ET
<u>k</u>	www.Maryland529.com
Regu	lar mailing address:

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

Account Owner	er Inform	ation																			
] - [] —	-			
] — [] —	-			
]_	-		7	
Account Number(s) (To	list more thar	six Accour	nts, use a	a separat	e sheet.)												_				
Account Owner (First na	эте)																			_	
																	7	7			-
Account Owner <i>(Last na</i>																					_
]_ [
• Complete this se	ection to ac	ld, chang				-															
Add a Recu	rring Contr	ibution. <i>(</i>	Provide	the Re	curring	Cont	ribut	tion inf	ormai	tion b	elou	v and	d the	banı	k info	orma	ition	in S	ecti	on .	3
Change the (Provide the Note: If you	e new amo	unt and/d	or debit	date b	elow.)											3), 0)ptio	on 1.			
Change the (Provide the					ly bein	g use	d for	my ex	isting	Recu	rring	J Cor	ntribu	ıtion							
Delete this	option.																				

- Recurring Contributions will be unavailable for distribution for 7 business days.
- Your contribution will be allocated according to the standing allocation(s) on your Account.



	Amount of Debit: \$25 \$50 \$100	\$150 \$250	Other \$],	0					
	Frequency (Select one.): Monthly Qu	arterly (Every three m	onths.)							
	Start Date:* Date (mm-dd-yyyy)									
	* Maryland College Investment Plan must receive instruction otherwise, debits from your bank account will begin the will default to the 20th day of the month. If the date selected be closed for trading (for example, weekends and certain business day. Please review your quarterly statements for	following month on the ected falls on a day wh n U.S. national holiday:	e day specified. If en the New York s), the contribution	the date is not sp Stock Exchange i	pecified, this option s scheduled to					
	Annual Increase. You may increase your Recurrin adjusted each year in the month that you specify by			al basis. Your cor	ntribution will be					
	Amount of increase: \$,									
	Month**: January February July August	March Ap			une ecember					
**	**The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of Maryland College Investment Plan and will also count toward annual federal gift tax exclusion limits.									
Ba	Bank Information									
•	Complete this section to add, change, or remove your ban	k account information.								
	Add bank information									
	Replace current bank information									
	Remove bank information									
•	This bank account information will be available across all	Accounts with the sam	e Account Owner.							
Co the	Important: I acknowledge that my bank or financial institut Contributions can be made only through accounts held by a the Automated Clearing House (ACH) network. Money mark financial companies cannot be used.	U.S. bank, savings and	l loan association	, or credit union t	that is a member of					
Bar	Bank Name									
	Bank Routing Number Bank Account Nur	mber		Account Type (Check One.)	Checking Savings					
	Note: All bank account owners must sign below. If the Acc signature guarantee is required in Section 6 for the third p			r of the bank acc	ount, a Medallion					
	Name(s) on Bank Account	daity ballk account own	GI.							
_										
Bar	Bank Account Owner <i>(First name)</i>				(M.I.)					
Bar	Bank Account Owner (Last name)									
Sig	SIGNATURE Signature of Bank Account Owner		Data /m							
Sig				m-uu-yyyy)						
Joi	Joint Bank Account Owner (First name)				(M.I.)					
 Jni	Joint Bank Account Owner (Last name)									
S	SIGNATURE									
Sig	Signature of Joint Bank Account Owner			ım-dd-yyyy)						

2

4. Automatic Dollar-Cost Averaging Program (Optional)

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

- To start automatic dollar-cost averaging the Source Option must have a minimum of \$500 in assets.
- 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.
- 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.

Amount: \$, 0 0 (minimum \$50)	
Frequency (Select one.): Monthly Quarterly (Based on establi	ished date, not calendar quarter.)
Start Date:* Date (mm/dd/yyyy)	
* The Plan must receive instructions at least 3 business days prior to the indicated s default to the 15th day of the month. If the date selected falls on a day when the N for trading (for example, weekends and certain U.S. national holidays), the transact Please review your quarterly statements for details of these transactions.	New York Stock Exchange is scheduled to be closed
Stop Type (Select one.):	
Stop Date Date (mm/dd/yyyy)	
When total amount of reallocation equals: \$,	. 0 0
When complete balance of the Source Option is depleted.	
Source Option:	
Target Option:	
	\$00
Investment Option	Dollar Amount
	\$, 0 0
Investment Option	Dollar Amount
	\$, 0 0
Investment Option	Dollar Amount

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/quardian/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

Date (mm-dd-yyyy)

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.)	Authorized Officer to place stamp here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	