

Maryland Senator Edward J. Kasemeyer
College Investment Plan

Account Application for an Entity Account

Maryland529

- Before you invest, consider whether you 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 Disclosure Statement.
- 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 Disclosure Statement.



1.888.4MD.GRAD (463.4723)

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 tax 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. Type of Entity *(Check one)*

- Trust Account.** I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*

Note: Foreign trusts are not eligible.

- Business Entity.** I am opening this Account as a corporation or association. *(Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Account Owners before completing this form.)*

- Internal Revenue Section IRC §501(c)(3) Organization.** I am opening this Account on behalf of a scholarship program, non-profit organization or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Account Application for an Entity Account**. We may also request additional information from you.)*

- State or Local Government, or Agency or Instrumentality thereof.** I am opening this Account on behalf of a state or local government (or agency or instrumentality thereof) or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Account Application for an Entity Account. We may also request additional information from you.)*



* MD ACCOUNT APP ENTITY *

Type of Account (Check one)

- Entity Account for Named Beneficiary
- Qualified Scholarship Account for Named Beneficiary
- Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization)

2. A. Entity Account Owner Information (You must provide all requested information or the Account cannot be opened.)

Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Account Owners before completing this form.

Trust/Entity Name (Required)

Trust/Entity Name (Required)

Taxpayer Identification Number (Required)

Taxpayer Identification Number (Required)

Primary Telephone Number

Primary Telephone Number

Secondary Telephone Number

Secondary Telephone Number

Mobile Landline

Mobile

Landline

Mobile Landline

Mobile

Landline

Email Address

Email Address

Principal Place of Business or Local Office Address (P.O. boxes are not acceptable.) (Required)

Principal Place of Business or Local Office Address (P.O. boxes are not acceptable.) (Required)

City

City

State

State

Zip Code

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.)

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

City

City

State

State

Zip Code

Zip Code

B. Authorized Representatives

Name of Trustee 1/Authorized Signer (First name) (M.I.)

Name of Trustee 1/Authorized Signer (First name)

(M.I.)

Name of Trustee 1/Authorized Signer (Last name)

Name of Trustee 1/Authorized Signer (Last name)

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

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

City

City

State

State

Zip Code

Zip Code

Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

Primary Telephone Number

Name of Trustee 2/Authorized Signer (First name) (M.I.)

Name of Trustee 2/Authorized Signer (First name)

(M.I.)

Name of Trustee 2/Authorized Signer (Last name)

Name of Trustee 2/Authorized Signer (Last name)

Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

Primary Telephone Number

3. Legal Entity Beneficial Ownership (Required for Business Entities and IRC Section 501(c)(3) Organizations)

Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section MUST be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-US citizens being named as a beneficial owner in Section 3A or as a Control Person in Section 3B, you must provide a nonexpired government issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth, and Social Security number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g. each natural person that owns 25% or more of the shares of a corporation); AND
An individual with significant responsibility for managing and/or directing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

A. Beneficial Owner(s)

Check this box if there are no beneficial owners of this entity of 25% or greater. Non-profit organizations do not have to complete this sub-section. Please skip to Section 3B. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

Beneficial Owner (First name) M.I.

Beneficial Owner (Last name)

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date (mm-dd-yyyy)

Beneficial Owner (First name) M.I.

Beneficial Owner (Last name)

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date (mm-dd-yyyy)

Beneficial Owner (First name) (M.I.)

Beneficial Owner (Last name)

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date (mm-dd-yyyy)

Beneficial Owner (First name) (M.I.)

Beneficial Owner (Last name)

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date (mm-dd-yyyy)

B. Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under Section 3A above may also be listed in Section 3B.

Control Person (First name) (M.I.)

Control Person (Last name)

Title

Business or Residential Street Address

City State Zip Code

Social Security Number Birth Date (mm-dd-yyyy)

6. Contribution Method

- Your initial contribution can come from several sources combined but you must check 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 7 calendar days upon deposit to your Account.

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

A. **Check:** Make check payable to the **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. **Rollover proceeds directly from another 529 plan.** Submit the Plan's **Incoming Rollover Form** along with this application.

C. **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**.

—

Account Number

D. **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

\$, .

Amount of Rollover

\$, .

Principal *(Basis)*

\$, .

Earnings

E. **Payroll Direct Deposit.** 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. Once this is received please enter this information on your employer self-service portal (if available) or provide your signature and Social Security or tax payer identification number on this application and submit to your employer's payroll office. 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 *(\$15 minimum):* \$, .

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

Note: All bank account owners must sign below. However, if the Entity Account Owner 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 on the 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)

8. Automatic Dollar-Cost Averaging Program *(Optional)*

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.

Amount: \$. (minimum \$50)

Amount

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

Start Date:* - -

Date *(mm/dd/yyyy)*

* 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.):*

Stop Date - -

Date *(mm/dd/yyyy)*

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

9. Signature and Certification *(An Authorized Representative must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in the Plan Disclosure Statement. 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, an Account representing an interest in the 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 Disclosure Statement.

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 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 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 New Account Enrollment or this Agreement or the Disclosure Statement, or any failure by me to fulfill any covenants or agreements in this Agreement, the New Account Enrollment, the Declaration, or the Plan Disclosure Statement.
- I have received, read, and understand the terms and conditions of the current Plan Disclosure Statement and will keep a copy for my records. I understand that the current Plan Disclosure Statement 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.
- 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. 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 Educations 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 withdrawn 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 7**, I authorize the Plan Officials to initiate debit and/or credit entries in accordance with my instructions designated in the New Account Enrollment 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 Disclosure Statement.
- 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 Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm-dd-yyyy)

I will retain a copy of this Account Application for an Entity Account and the *Plan Disclosure Statement* with my records.

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **Account Application for an Entity Application**. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Corporation	<ul style="list-style-type: none"> • Certified Articles of Incorporation or a government issued business license
Trust	<ul style="list-style-type: none"> • Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency
Partnership	<ul style="list-style-type: none"> • Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	<ul style="list-style-type: none"> • Copy of the LLC Agreement
Estate	<ul style="list-style-type: none"> • Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501 (c) (3)	<ul style="list-style-type: none"> • Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).
You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the Maryland 529 Plan Disclosure Statement for additional information.	

List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.