

Maryland Senator Edward J. Kasemeyer  
College Investment Plan  
**Incoming Rollover Form**



- Use this form to initiate a rollover directly from another qualified 529 plan to a Maryland College Investment Plan Account.
- Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received.
- Complete a separate form for each account and submit a new **Account Application** along with this form, unless you already have a Plan Account for this Beneficiary.
- 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.
- A Medallion signature guarantee may be required as described in **Section 5**.

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



**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**

**1. Rollover Type**

**Rollover from a 529 Plan**

**Rollover from an Education Savings Account (ESA)**

**2. Maryland College Investment Plan Account Information**

Account Number *(If you have not established an Account, complete and enclose an **Account Application**).*

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

Account Owner *(First name)* **(Required)**

*(M.I.)*

Account Owner *(Last name)* **(Required)**

Telephone Number

Beneficiary *(First name)* **(Required)**

*(M.I.)*

Beneficiary *(Last name)* **(Required)**

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



\* MD INCOMING ROLLOVER \*

3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

- The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your Maryland College Investment Plan Account. Please contact your current 529 Plan Manager or Custodian for proper mailing address.
If you do not provide a breakdown of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution)

Address of Current 529 Plan Manager or Custodian

City State Zip Code

Contact Person Telephone Number

Check this box if the Beneficiary on this account differs from the Beneficiary indicated in Section 2.

4. Instructions to Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the Financial Institution indicated in Section 3. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the Account Application.

Check one. (To list more accounts, attach a separate sheet.)

A. Roll over all of the assets in my Account to Maryland College Investment Plan.

Account Number

Estimated Account Value

Account Number

Estimated Account Value

B. Roll over a portion of the assets as directed below to Maryland College Investment Plan.

Account Number

Name of Investment Option

Amount

Account Number

Name of Investment Option

Amount

### 5. SIGNATURE — YOU MUST SIGN BELOW

**By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.**

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Maryland College Investment Plan Description, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs.
- I certify that if this rollover is for the same Beneficiary, there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months.
- I certify that if this rollover is for a different Beneficiary, the Beneficiary on my Maryland College Investment Account(s) that is receiving the rollover is a Member of the Family (as defined in the current Plan Description) of the Beneficiary on the current 529 plan Account I am rolling over.
- I hereby authorize this rollover and acknowledge that if my current 529 plan or I fail to provide the applicable earnings, the entire rollover contribution will be treated as earnings. I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 Plan accounts.

SIGNATURE \_\_\_\_\_  
 Signature of Account Owner

□□ — □□ — □□□□  
 Date (mm-dd-yyyy)

### Medallion Signature Guarantee — IF APPLICABLE

**Important Information.** Your current 529 plan may require a Medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to the Maryland College Investment Plan. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a Medallion signature guarantee will be provided.

- 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.**
- **The lack of a required Medallion Signature Guarantee could delay this rollover.**

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 Account Owner (In the presence of the authorized officer.)

SIGNATURE \_\_\_\_\_  
 Signature of Guarantor

\_\_\_\_\_  
 Title

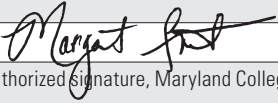
\_\_\_\_\_  
 Name of Institution

□□ — □□ — □□□□  
 Date (mm-dd-yyyy)

**Authorized Officer to place stamp here**

**6. Authorization and Acceptance** *(No Account Owner action is necessary in this section.)*

Maryland College Investment Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

  
Authorized signature, Maryland College Investment Plan

**INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **Maryland College Investment Plan, PO BOX 55913, Boston, MA 02205-5913**. Make the check payable to Maryland College Investment Plan. Include the Account Owner name and Maryland College Investment Plan Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings applicable to this rollover.