Maryland Senator Edward J. Kasemeyer College Investment Plan

Transfer Form

Maryland529

- Please read the Maryland College Investment Plan Description before changing the Account Owner and/or Beneficiary on a Plan Account.
- If the receiving Account does not yet exist, a new Account may be established online, or by calling the Plan to obtain a paper version of the Account **Application** to submit along with this form.
- A new Account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A notary is required for changes of Account Owner when the amount is less than \$100,000; however, if the amount is \$100,000 or more, a Medallion signature guarantee is required.
- 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			
	ernight mailing address: aryland College Investment Plan		

95 Wells Ave, Suite 160 Newton, MA 02459

Important: For transfers involving a change of Beneficiary, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the Maryland College Investment Plan Description, and as described in Section 529 of the Internal Revenue Code. If the new Beneficiary is not a member of the family of the current Beneficiary, do not use this form; instead, you must submit a request for a Non-Qualified Distribution to complete this transfer. You may also wish to consult with a financial, legal and/or tax professional before completing this form. In addition, a change of Beneficiary is not permissible for custodial Accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Transfer Instructions								
Change of Account Owner (Same Beneficiary)	Change of Account Ow Change of Beneficiary Owner and Different Benefic	(Different Account	Change of Beneficiary (Same Account Owner)					
Current Account Information								
Account Number (Required)		Account Owner Social Securit	ry Number <i>(Last four digits) (Required)</i>					
Account Owner (First name) (Required)			(M.I.)					
Account Owner (Last name) (Required)								
Beneficiary (First name) (Required)			(M.I.)					
Beneficiary (Last name) (Required)								
Beneficiary Social Security Number (Last four digit	s) (Required)	Account Owner Telephone N	Jumber					



Receiving Account			
Account Number (Required) (If Account is already established)	Account Owner Social Security Number	(Last four digits R	(equired)
Account Owner (First name) (Required)			(M.I
Account Owner (Last name) (Required)			
Beneficiary (First name) (Required)			(M.I
eneficiary (<i>Last name</i>) (Required)			
Beneficiary Social Security Number (Last four digits) (Required)			
T			
Transfer Amount (Check one.)			
A Entire halance Once the transfer is completed the	original Account will be closed.		
		llar amount yo	ou specify below
B. Partial balance. Once the transfer is completed, the		llar amount yo	ou specify below Total balance (Check if applicable.
Partial balance. Once the transfer is completed, the will be transferred to the Account for the receiving Be	eneficiary identified in Section 2 . Dollar amount	·	Total balance
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B. Partial balance. Once the transfer is completed, the will be transferred to the Account for the receiving Be Name of Investment Option	Dollar amount (For partial amounts.) \$	OR	Total balance (Check if applicable.
B. Partial balance. Once the transfer is completed, the will be transferred to the Account for the receiving Be Name of Investment Option Transfer type If the Account Owner is changing, you do not need to complete receiving Account's existing allocation for future contributions. If only the Beneficiary is changing, and an option is not select	Dollar amount (For partial amounts.) \$	OR	Total balance (Check if applicable.)
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5. SIGNATURE AND AUTHORIZATION

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is accurate and complete.
- If changing the Account Owner, the new Account Owner will submit an **Account Application** along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing Account number in **Section 2**.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were
 stated in the original Plan Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the
 family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking
 information and Successor Account Owner information, if any, will be copied to the new Account.
- If I am participating in Recurring Contributions or automatic dollar-cost averaging, I understand that my participation in these
 programs will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise these
 programs will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll direct deposit.
- If I am transferring my entire Account balance to another Account Owner, I request the cancellation of my Participation Agreement and the closure of my Account.

If requesting a change of Account Owner, do not sign below until you are in the presence of the authorized notary or guarantor providing the notary or Medallion signature guarantee service.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

SIGNATURE		
Signature of Account Owner		Date (mm-dd-yyyy)
Notarization - REQUIRED FOR CHANGES OF AC (Please note: notarization is not required if the Account Owner reached the age of majority).		
Your signature must be notarized. See below.		
Before me, a Notary in and for		this document was
County	State	
acknowledged before me on	by	who certifies the
correctness of the signature above.	Current Account	OWILEI
SIGNATURE		
Signature of Notary		Date (mm-dd-yyyy)
Name of Notary (first, middle initial, last)		
My commission expires: Date (mm-dd-yyyy)		Authorized Officer to place stamp here

Medallion Signature Guarantee — REQUIRED FOR CHANGES OF ACCOUNT OWNER OF \$100,000 OR MORE

- 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 Account Owner (In the presence of the authorized officer.)	Authorized Officer to place stamp here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	