

3. Distribution Details (Choose **only one** of the following) (Required)

Important: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a distribution to transmit to your bank account. To establish bank services, please log in to your Account online or download the **Account Features Form** at **Maryland529.com**.

A. **Distribution to the Account Owner** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

Distribution Type (Choose only one of the following options).

- Qualified for education expenses
- Non-Qualified

B. **Distribution to the designated Beneficiary** (This will be the tax responsible party who will receive the IRS Form 1099-Q).

Distribution Type (Choose only one of the following options).

- Qualified for education expenses
- Non-Qualified

Note: The distribution will be sent to the Beneficiary's address on record.

C. **Distribution to a college or university only.** A check will be sent to the school address you provide below. (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)

Note: An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. Please visit <https://studentaid.gov/fafsa-app/FSCsearch> to determine if the school is an Eligible Educational Institution.

Eligible Educational Institution Name (School)

Department/Office/Contact Name (if applicable)

Mailing Address

City

State

Zip Code

Beneficiary's Student ID (Required)

D. **Indirect rollover.** A check will be sent to you at your address of record. You must invest this distribution in another 529 plan within the next 60 days. (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q).

Important: If you do not invest this distribution in another 529 plan within 60 days, it will be considered a Non-Qualified Distribution and may be subject to taxes and penalties.

4. Delivery Method (Choose **only one** of the following.)

- A. **First-class mail.** Check will be mailed via USPS.
- B. **Expedited delivery.** (Not available for P.O. Boxes, non street addresses. A transaction charge will be applied to your Account.)
- C. **By Automated Clearing House (ACH) to Bank Account.** (already on file).

Only available for distribution requests to Account Owner or Qualified Distribution to the Beneficiary. Non-Qualified Distribution to the Beneficiary must be sent via check. The tax responsible party of this distribution must be an owner of the bank account listed.

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

5. Amount of Distribution (Choose **only one** of the following.)

- A. **Full Balance.** Distribute the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contribution (if applicable), and close this Account.
- B. **Partial Pro Rata Amount.** Distribute this amount proportionately (pro rata) from among my current Investment Options.

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Dollar Amount

If the amount you indicate exceeds the Account balance as of the previous business day, we will distribute the entire balance, discontinue your Recurring Contribution, and close your Account.

- C. **Partial Fund Specific.** Account balance as of the previous business day, we will distribute.

If the amount you indicate for a particular Investment Option exceeds its balance as of the previous business day, we will distribute the entire balance of that Investment Option.

| Name of Investment Option | Dollar amount (For partial amounts.) | OR | Total balance (Check if applicable.) |
|---------------------------|---|----|---|
| <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="checkbox"/> |
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Important: If you contribute to your Account through payroll direct deposit, you must notify your employer to cancel these contributions.

6. Signature and Certification—YOU MUST SIGN BELOW

By signing this form, I authorize this distribution and understand and hereby certify that:

- The information in this form is accurate. 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 losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- If this distribution is for Qualified Education Expenses, I further certify that the requested distribution represents Qualified Education Expenses as defined in the Plan Description. To the best of my knowledge, no other request has been previously submitted to this Plan, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, distributions for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations outlined in the Plan Description.
- If this distribution is being sent by ACH to a bank account, I certify that the recipient of the distribution, as indicated in Section 3, is also an owner of the bank account.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a distribution of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial distribution from my Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the distribution amount, unless I notify my employer to stop my payroll direct deposit.
- For Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the custodian of this Account and that this distribution is authorized under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For Entity Accounts, I certify I am authorized by the Entity Account Owner identified in **Section 1** to act on its behalf in making this distribution and I have attached the appropriate documentation to substantiate authorization for this transaction.
- If I am requesting expedited delivery, I understand that an additional fee will be charged as described in the Maryland College Investment Plan Description.
- I understand that state tax treatment may vary even if the distribution is considered qualified on the federal level and not taxed or penalized by the IRS.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this distribution for tax purposes.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am requesting a full distribution of my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

If this form requires a Medallion signature guarantee, do not sign below, proceed to Medallion signature guarantee section.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a distribution request is \$100,000 or more, a Medallion signature guarantee must be provided.
- If this distribution request is being sent to a bank that has been recently added to your Account, a hold will be placed on the issuance of this distribution until 15 calendar days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- If the address on your Account has recently changed, a hold will be placed on the issuance of this distribution until 15 calendar days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- 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.**

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

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here