DO NOT STAPLE

Maryland Senator Edward J. Kasemeyer College Investment Plan

Distribution Request Form



- For faster processing, you can request a distribution online at Maryland529.com. You can also request most distributions by telephone.
- Use this form to request a full or partial Qualified Distribution, Non-Qualified Distribution or Indirect Rollover from your Maryland College Investment Plan Account. You must submit a separate form for each distribution you are requesting. The earnings portion of Non-Qualified Distribution from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. State tax treatment of distributions, including for K-12, apprenticeship expenses, and qualified education loan repayments, is determined by the state(s) where the taxpayer files state income tax. Please review the Maryland College Investment Plan Description or consult with a tax professional.
- Maryland College Investment Plan is required to file IRS Form 1099-Q when you take a distribution from your Account.
- A contribution must be invested with Maryland College Investment Plan for a period of 7 calendar days prior to being distributed.
- If the address on your Account has recently changed, or if this distribution request
 is being sent to a bank that has recently been added to your Account, a hold will be
 placed on the issuance of this distribution until 15 calendar days have passed.
- A Medallion signature guarantee may be required. See Section 6 below.
- 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.

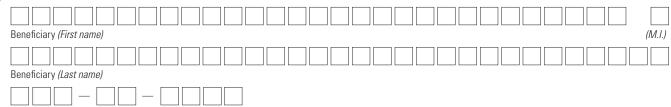
Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Description.

. Account Owner Information

Account Number	Account Owner Social Security Number or Taxpayer Identification Number (Required	d)
Account Owner or Entity (First name) (Required)		(M.I.)
Account Owner or Entity (Last name) (Required)		

Telephone Numbe

Beneficiary Information



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



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1.888.4MD.GRAD (463.4723), Option 1 Monday - Friday 8:00 a.m. to 8:00 p.m. ET



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

Import		tribution Details (Choose only one of the following) (Required)																				
five but	mportant: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to ive 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 .																					
Α.	Distribution to the Account Owner (This will be the tax responsible party who will receive the IRS Form 1099-Q).																					
	Distribution	n Type (Choo	se oi	nly or	ne o	f the	follo	owing	g opi	tions,).										
	Qualified for education expenses																					
	Non-Qualified																					
В.																						
В	Distribution to the designated Beneficiary (<i>This will be the tax responsible party who will receive the IRS Form 1099-Q</i>).																					
	Distribution Type (Choose only one of the following options).																					
	Qualified for education expenses																					
	Non-Qualified																					
С.	 Note: The distribution will be sent to the Beneficiary's address on record. 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 1099-0.) 																					
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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.

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Delly	very Method (Choose only one of the	e following.)									
Α.	 First-class mail. Check will be mailed via USPS. Expedited delivery. (Not available for P.O. Boxes, non street addresses. A transaction charge will be applied to your Account 										
В.											
C.	By Automated Clearing House (ACH) to Bank Account. <i>(already on file).</i> 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								
Amo	ount of Distribution (Choose only one	e of the following.)									
A	Full Balance. Distribute the entire amount Contribution <i>(if applicable),</i> and close this Ad	held in all of the Investment Options in my Accour ccount.	nt, discontinue my Recurring								
В.	Partial Pro Rata Amount. Distribute this a	mount proportionately (pro rata) from among my c	urrent Investment Options.								
	If the amount you indicate exceeds the Acco discontinue your Recurring Contribution, and	unt balance as of the previous business day, we w I close your Account.	vill distribute the entire balance								
C.	Partial Fund Specific. Account balance as	of the previous business day, we will distribute.									
	If the amount you indicate for a particular Indicate for a particular Indicate for a particular Indicate of that Investment	vestment Option exceeds its balance as of the pre ent Option.	vious business day, we will								
	Name of Investment Option	Dollar amount (For partial amounts.)	OR Total balance (Check if applicable								
	Name of Investment Option										
	Name of Investment Option	(For partial amounts.)									
	Name of Investment Option	(For partial amounts.)									
	Name of Investment Option	(For partial amounts.)	OR Total balance (Check if applicable								
	Name of Investment Option	(For partial amounts.)									
	Name of Investment Option	(For partial amounts.)									

. 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

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	Authorized Officer to place stamp here
Signature of Account Owner	······································
Signature Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	