

**College Savings Plans of Maryland
Maryland Prepaid College Trust
Change of Account Holder Form**

Instructions

1. Complete all sections of this form and return it to MPCT, 217 E. Redwood Street, Suite 1350, Baltimore, MD 21202 with the \$10.00 fee unless the change is due to the Account Holder's death or disability. Print or type all information except for your signature. If all the sections are not completed, processing will be delayed.
2. If you have questions or need assistance in completing this form, please call 443-769-1033 Monday through Friday during the hours of 9:00 AM to 5:00 PM Eastern Standard Time.

Current Account Holder Information

LAST NAME	1. Mr.	2. Mrs.	3. Miss	4. Ms.	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGANIZATION NAME (If Account Holder is other than an individual)						MPCT ACCOUNT NUMBER	
<input type="text"/>						<input type="text"/>	

Beneficiary Information

LAST NAME	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Original Account Holder Signature

I authorize this Account Holder change and certify that I have neither given nor received any payment or other consideration for the transfer of the Contract. In doing so, I acknowledge that I relinquish all rights and responsibilities of the contract to the New Account Holder.

Current Account Holder Signature

New Account Holder Information

LAST NAME	1. Mr.	2. Mrs.	3. Miss	4. Ms.	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trust, Organization, or Other Entity							
<input type="text"/>							
Social Security Number (or Taxpayer I.D. No.)		U.S. Resident		Resident Agent		Date of Birth (day/month/year)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (Include number, street, and apartment number or P.O. Box)							
<input type="text"/>							
City				State		Zip	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Daytime Telephone (Area code and number)				Evening Telephone			
<input type="text"/>				<input type="text"/>			

New Account Holder Signature

I certify and attest that as the new Account Holder, I have read and agree to the terms and conditions of the Contract and that I meet the criteria as specified in the Contract. I also certify that I have neither given nor received any payment or other consideration for the transfer of the Contract.

New Account Holder Signature

Date