

Change of Beneficiary Form

Maryland Prepaid College Trust (MPCT)



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The fee to change a Beneficiary is:

- \$10 if the new Beneficiary is currently enrolled in the MPCT and Benefits have not been claimed on the Account
- \$75 if the new Beneficiary is not currently enrolled in the MPCT and Benefits have not been claimed on the Account
- \$25 if Benefits have been claimed on the Account, whether or not the new beneficiary is currently enrolled in the MPCT
- The fee is waived in the case of death or Disability of the original Beneficiary. If the original Beneficiary has died, please attach a copy of the Death Certificate. If the original Beneficiary is disabled, please attach medical documentation
- The fee does not cover a possible increase in Contract payments due to the Beneficiary change.

Use this form to: **Change the Beneficiary**

Complete all sections of this form and return it to:

Maryland Prepaid College Trust
 217 E. Redwood Street, Suite 1350
 Baltimore, MD 21202

Print or type all information except for your signature. If all the sections are not completed, processing will be delayed.

1 Current Account Information

Account Holder Name	Social Security Number
Beneficiary Name	Account Number

2 New Beneficiary Information

New Beneficiary Name	Social Security Number	
Date of Birth	U.S. Citizen <input type="checkbox"/>	Resident Alien <input type="checkbox"/>
Address		
City	State	Zip Code
Relationship to the Original Beneficiary		
Is the Beneficiary a Maryland or DC Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2 New Beneficiary Information (cont.)

Age or grade of new beneficiary as of the preceding September 1st: (Circle only one)

- | | |
|------------------|--------------------------|
| 1) Newborn | 11) Fifth Grade |
| 2) Age 1 | 12) Sixth Grade |
| 3) Age 2 | 13) Seventh Grade |
| 4) Age 3 | 14) Eighth Grade |
| 5) Age 4/5 | 15) Ninth Grade |
| 6) Kindergarten | 16) Tenth Grade |
| 7) First Grade | 17) Eleventh Grade |
| 8) Second Grade | 18) Twelfth Grade |
| 9) Third Grade | 19) Beyond Twelfth Grade |
| 10) Fourth Grade | |

I would like to change the projected year of enrollment to _____.

Please note that no more than one year or two semesters may be purchased for the same academic year.

I certify and attest that the above information is accurate and correct.

Signature of Account Holder or Custodian (Required)

Date

Account Holders who knowingly supply fraudulent information regarding the new beneficiary will be denied the opportunity to participate in the Plan. In the event that a contract has been revised based upon fraudulent information, the contract will be terminated and subject to the assessment of a \$500 account cancellation fee.