College Savings Plans of Maryland
Maryland Prepaid College Trust
Change of Tuition Plan/Payment Option Form

Instructions

1. Use this form to request a conversion of your existing account to another tuition plan or payment option. Please do not use this form if you are adding years to an existing account.

2. Complete all sections of this form and return it to MPCT, 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.

3. 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 (required)

LAST NAME 1. Mr. 2. Mrs. 3. Miss 4. Ms. | SUFFIX | FIRST NAME | M.I.

STREET ADDRESS (Include number, street, and apartment number or P.O. Box)

CITY | STATE | ZIP

SOCIAL SECURITY NUMBER (or Taxpayer ID No.) | MPCT Account Number | Do you have an Automatic Bank Deduction?

☐ Yes ☐ No

Change of Tuition Plan (if applicable)

Please change my current tuition plan to the following: ($10 fee)

☐ Four Year University ☐ Three Year University ☐ Two Year University ☐ One Year University

☐ Two Plus Two ☐ Two Year Community College ☐ One Year Community College ☐ One Semester University

Change of Payment Option (if applicable)

Please change my payment option to the following:

☐ Annual ☐ 5-Year Monthly ☐ Extended Monthly ☐ Down payment 25% 40% 55% (Please circle one)

Payoff or Significant Contribution (if applicable)

For the following actions, you will need to know you account payoff balance. Please call 410-767-2024 to receive your payoff balance information.

☐ Payoff (please indicate amount) $_____

Date payoff balance was quoted ____/____/_____

☐ Significant Contribution (please indicate amount) $_____
(Note Payments will only be recalculated if a contribution equals 25 percent or more of a payoff balance.)

_____ Check to apply contribution and reduce the amount of your current payment.

_____ Check to apply contribution and reduce the number of remaining payments.

Signature

By signing below, I certify that all Account Holder information provided is true and accurate and authorize the Maryland Prepaid College Trust to initiate the actions authorized within this form, pending account holder signature verification.

Signature of Account Holder Date