

# MARYLAND COLLEGE INVESTMENT PLAN ACCOUNT MAINTENANCE FORM

Use this Maintenance Form to implement new services or to modify existing services or information for your Maryland College Investment Plan Account. You may (check all that apply):

- Change your address,
- Change an Account Holder,
- Change or add an Account Holder's Successor,
- Change the Beneficiary,
- Begin or make changes to regular investments through Automatic Monthly Contributions or Payroll Deduction.

For help in completing this form, call toll-free 1-888-4MD-GRAD (1-888-463-4723).

Mail this form to: **MARYLAND COLLEGE INVESTMENT PLAN**  
**P.O. Box 17479**  
**BALTIMORE, MD 21297-1479**

## 1. Current Account Information (Required)

Please use the Account information as shown on your Account statement. Any changes submitted on this Maintenance Form will affect the following accounts.

ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT HOLDER'S NAME		
FIRST	M.I.	LAST
<input type="text"/>	<input type="text"/>	<input type="text"/>
OR NAME OF TRUST, CORPORATION, OR OTHER ENTITY (If applicable)		
<input type="text"/>		
CUSTODIAN'S NAME OR TRUSTEE (If applicable)		
<input type="text"/>		
ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER		
<input type="text"/>		
ACCOUNT HOLDER'S ADDRESS As it appears on your current Account statement. (Include number, street, and apartment number or P.O. Box.)		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	
<input type="text"/>	<input type="text"/>	

## 2. Change of Address (If applicable)

Unless you indicate otherwise, please note that the requested address change will occur on all Accounts owned by the same Account Holder.

NEW STREET ADDRESS (Include number, street, and apartment number. No P.O. Box number)

<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
NEW DAYTIME PHONE NUMBER	NEW EVENING PHONE NUMBER	
<input type="text"/>	<input type="text"/>	

NEW MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS (Include number, street, and apartment number or P.O. Box.)

<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

### 3. Change of Account Holder (If applicable)

Important: If the new Account Holder does not already have an Account in the Maryland College Investment Plan, then an Enrollment Form must also be completed. The Enrollment Form should be signed by the new Account Holder and returned with this form. The resigning Account Holder must sign this form in Section 9.

NEW ACCOUNT HOLDER'S NAME

FIRST

M.I.

LAST

OR NAME OF TRUST, CORPORATION, OR OTHER ENTITY (If applicable)

CUSTODIAN'S NAME OR TRUSTEE (If applicable)

CITIZENSHIP:  U.S. CITIZEN

RESIDENT ALIEN

(Nonresident aliens are not eligible to participate in the College Investment Plan.)

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER OF NEW ACCOUNT HOLDER

DATE OF BIRTH

STREET ADDRESS (Include number, street, and apartment number. No P.O. Box number.)

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

Transfer entire Account balance to new Account Holder

Transfer partial Account balance to new Account Holder

AMOUNT REQUESTED

OR % OF ACCOUNT

\$

%

If you would like to change the Investment Option(s) to suit the new Account Holder, please indicate your new Investment Option selection below.

**Important note: You can only change your Investment Option once per calendar year unless you are also changing the Beneficiary.**

If you wish to change your Investment Option, please indicate your new portfolio selection below. For all Investment Option changes, your portfolio total must equal 100%.

Enrollment-Based Portfolios

Fixed Portfolios

\$  or  % Portfolio for College

\$  or  % Equity

\$  or  % Portfolio 2012

\$  or  % Total Equity Market Index

\$  or  % Portfolio 2015

\$  or  % Balanced

\$  or  % Portfolio 2018

\$  or  % Bond and Income

\$  or  % Portfolio 2021

\$  or  % Short-Term Bond

\$  or  % Portfolio 2024

\$  or  % U.S. Treasury Money Market

\$  or  % Portfolio 2027

\$  or  % Portfolio 2030

#### 4. Change or Add an Account Holder's Successor (If applicable)

The Account Holder's Successor designated below will apply to all accounts for the same Account Holder and Beneficiary and will replace any Account Holder's Successor already on file. An Account Holder's Successor will assume control of the Account(s) if the Account Holder dies or becomes legally incapacitated.

NEW ACCOUNT HOLDER'S SUCCESSOR'S NAME

FIRST  M.I.  LAST

CITIZENSHIP:  U.S. CITIZEN  RESIDENT ALIEN

(Nonresident aliens are not eligible to participate in the College Investment Plan.)

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER

DATE OF BIRTH

STREET ADDRESS (Include number, street, and apartment number. No P.O. Box number.)

CITY

STATE

ZIP CODE

-

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

#### 5. Change of Beneficiary (If applicable)

Please use this section to provide the New Beneficiary information.

FIRST  M.I.  LAST

STREET ADDRESS

CITY

STATE

ZIP CODE

-

CITIZENSHIP:  U.S. CITIZEN  RESIDENT ALIEN

(Nonresident aliens are not eligible to participate in the College Investment Plan.)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Note: A change of Beneficiary is considered a Non-Qualified Distribution unless the new Beneficiary is a Member of the Family of the former Beneficiary, as defined in the College Investment Plan Disclosure Statement.

RELATIONSHIP TO FORMER BENEFICIARY: (BROTHER, SISTER, ETC.)

Transfer entire Account balance to new Beneficiary

Transfer partial Account balance to new Beneficiary

AMOUNT REQUESTED

\$

OR % OF ACCOUNT

%

If you would like to change the Investment Option(s) to suit the new Beneficiary, please indicate your new Investment Option selection below. For all Investment Option changes, your portfolio total must equal 100%.

Enrollment-Based Portfolios

\$  or  % Portfolio for College

\$  or  % Portfolio 2012

\$  or  % Portfolio 2015

\$  or  % Portfolio 2018

\$  or  % Portfolio 2021

\$  or  % Portfolio 2024

\$  or  % Portfolio 2027

\$  or  % Portfolio 2030

Fixed Portfolios

\$  or  % Equity

\$  or  % Total Equity Market Index

\$  or  % Balanced

\$  or  % Bond and Income

\$  or  % Short-Term Bond

\$  or  % U.S. Treasury Money Market

## 6. Automatic Monthly Contributions (If applicable)

By making a selection below, you can authorize the College Investment Plan to transfer money automatically from your financial institution account into your College Investment Plan Account (minimum of \$25 per transfer, per Account) on a regular basis.

### AUTOMATIC MONTHLY CONTRIBUTIONS

If you would like to make additional investments through Automatic Monthly Contributions, be sure to complete the information below, and attach your voided bank check or savings deposit slip.

**INDICATE THE TYPE OF ACCOUNT:**  **CHECKING**  **SAVINGS**  **OTHER** \_\_\_\_\_

**DAY(S) OF THE MONTH YOU WOULD LIKE TO INVEST:** \_\_\_\_\_

If at least one day of the month is not chosen, we will invest the contribution on the first business day of the month.

With **AUTOMATIC MONTHLY CONTRIBUTIONS**, debits to your financial institution account will occur each month on the date(s) and in the amounts indicated in this section. If you wish to begin contributing through Automatic Monthly Contributions in a given month, you must set up your automated contributions at least 10 business days prior to the expected start date of your Automatic Monthly Contributions. Refer to the College Investment Plan Disclosure Statement for details concerning Automatic Monthly Contributions.

### INVESTMENT SELECTION FOR AUTOMATIC MONTHLY CONTRIBUTIONS

Enrollment-Based Portfolios

\$  or % Portfolio for College

\$  or % Portfolio 2012

\$  or % Portfolio 2015

\$  or % Portfolio 2018

\$  or % Portfolio 2021

\$  or % Portfolio 2024

\$  or % Portfolio 2027

\$  or % Portfolio 2030

Fixed Portfolios

\$  or % Equity

\$  or % Total Equity Market Index

\$  or % Balanced

\$  or % Bond and Income

\$  or % Short-Term Bond

\$  or % U.S. Treasury Money Market

\*Please note that there is a minimum monthly contribution of \$25 per portfolio choice

**TOTAL INVESTMENT PER MONTHLY CONTRIBUTION:** \$ \_\_\_\_\_

## 7. Payroll Deduction Contribution (If applicable)

Complete this section to invest through payroll deduction. We will mail you instructions for this service.

EMPLOYER NAME

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

 - 

### INVESTMENT SELECTION FOR PAYROLL DEDUCTION CONTRIBUTIONS

Enrollment-Based Portfolios

\$  or % Portfolio for College

\$  or % Portfolio 2012

\$  or % Portfolio 2015

\$  or % Portfolio 2018

\$  or % Portfolio 2021

\$  or % Portfolio 2024

\$  or % Portfolio 2027

\$  or % Portfolio 2030

Fixed Portfolios

\$  or % Equity

\$  or % Total Equity Market Index

\$  or % Balanced

\$  or % Bond and Income

\$  or % Short-Term Bond

\$  or % U.S. Treasury Money Market

\*Please note that there is a minimum monthly contribution of \$25 per portfolio choice

**TOTAL INVESTMENT PER PAYROLL CONTRIBUTION:** \$ \_\_\_\_\_

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

## 8. Contributor Authorization (If different from the registered Account Holder) (If applicable)

If you have requested electronic transfers in Section 6 and you are the contributor and are not the Account Holder registered on this Account, you must authorize withdrawals from your financial institution by having your signature guaranteed below. We accept all eligible guarantor institutions as defined by the Securities Exchange Act of 1934, such as commercial banks that are FDIC members, trust companies, firms that are members of a domestic stock exchange, and foreign branches of any of the above. Notaries public are not acceptable guarantors.

By signing below, I, the contributor, understand and agree to the terms and conditions as set forth in Section 6.

CONTRIBUTOR'S NAME

Contributor's Signature

Stamp

NAME OF BANK OR BROKER

## 9. Signature (Required)

By signing below, I authorize the College Investment Plan and T. Rowe Price, its agents, and their affiliates to act on instructions believed to be genuine and from me for any service authorized on this form, including telephone/computer services. The College Investment Plan and T. Rowe Price use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, the College Investment Plan and T. Rowe Price will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf. All services are subject to conditions set forth in the College Investment Plan Disclosure Statement.

By completing Section 6, I authorize the College Investment Plan and T. Rowe Price to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the Automated Clearing House (ACH) System, subject to the rules of the financial institution, ACH, the College Investment Plan, and T. Rowe Price. The College Investment Plan and T. Rowe Price may correct any transaction error with a debit or credit to my financial institution account and/or College Investment Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify the College Investment Plan or T. Rowe Price of its revocation by telephone or in writing and the College Investment Plan or T. Rowe Price has had sufficient time to act on it.

By electing to invest through payroll deduction, I authorize my employer to deduct funds directly from my paycheck and transfer those funds through the ACH network. I understand that my contributions will be allocated in accordance with my selections in Section 7, but payroll deductions will not begin until I submit additional paperwork from the College Investment Plan to my employer.

Account Holder's or Custodian's Signature

Date