

COLLEGE SAVINGS PLANS OF MARYLAND INCOMING ROLLOVER FORM

Please indicate how you wish to process your rollover:

I want to rollover between the College Savings Plans of Maryland:

- Prepaid College Trust to College Investment Plan
- College Investment Plan to Prepaid College Trust

I want to rollover assets from a different 529 plan to the:

- College Investment Plan
- Prepaid College Trust

Please complete the following steps:

If you have an existing account in the College Savings Plans of Maryland, please forward this Rollover Form and a copy of your statement from your current 529 plan to the appropriate address below.

If you are opening a new account in the Prepaid College Trust or the College Investment Plan with this rollover, please be sure to:

- a. Complete an Enrollment Form for the Plan you wish to enroll in—you can obtain a copy of this form on our Web site at collegesavingsmd.org or by calling 1-888-4MD-GRAD (1-888-463-4723).
- b. Forward the Enrollment Form, this Rollover Form, and a copy of your statement from your current 529 plan to the appropriate address below.

Contact your current 529 plan manager to determine if there are any additional requirements to process your rollover.

Please note that if you are not changing your Beneficiary, you are **limited to one rollover** between 529 plans **per 12-month period**.

Mailing Addresses:

If moving assets to the Prepaid College Trust:
Maryland Prepaid College Trust
P.O. Box 17591
Baltimore MD 21297-1591

If moving assets to the College Investment Plan:
Maryland College Investment Plan
P.O. Box 17479
Baltimore MD 21297-1479

1. Account Information for Your Current 529 Plan

ACCOUNT HOLDER'S NAME

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

 -

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

CURRENT BENEFICIARY'S (STUDENT'S) NAME

CURRENT BENEFICIARY'S SOCIAL SECURITY NUMBER

2. Name and Address of Current 529 Plan

Please confirm the address below with your current 529 program manager. Please attach a copy of your current statement to help expedite the rollover. This Rollover Form will be forwarded to the address below to initiate the rollover process.

529 PLAN NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

-

3. Rollover and Distribution Instructions

List the assets you are rolling over as a specific dollar amount or a percentage of the asset. If you are moving assets from more than two portfolios/funds, check the "other" box at the end of this section and attach rollover instructions.

A. PORTFOLIO OR FUND NAME

ACCOUNT NUMBER

ENTER THE DOLLAR AMOUNT OR %. INDICATE "ALL" IF THIS IS A FULL LIQUIDATION

B. PORTFOLIO OR FUND NAME

ACCOUNT NUMBER

ENTER THE DOLLAR AMOUNT OR %. INDICATE "ALL" IF THIS IS A FULL LIQUIDATION

C. OTHER—Please attach additional rollover instructions. You must provide similar portfolio and amount information as indicated above.

4. Investment Selection

Please fill in the percentage or dollar amount you wish to invest.

PREPAID COLLEGE TRUST

\$ or % Prepaid Trust

COLLEGE INVESTMENT PLAN

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

5. New Account Beneficiary (Student) Information

WILL YOUR NEW ACCOUNT HAVE A DIFFERENT BENEFICIARY? YES NO

IF YES, WHAT IS THE RELATIONSHIP OF THE NEW BENEFICIARY TO THE ORIGINAL BENEFICIARY? _____

NEW BENEFICIARY'S NAME

NEW BENEFICIARY'S SOCIAL SECURITY NUMBER

6. Authorize Rollover

- I certify that if this rollover is for the same Beneficiary, there have been no other rollovers between 529 Plans for this Beneficiary in the previous 12 months.
- I certify that if this rollover is for a different Beneficiary, the Beneficiary on my College Savings Plans of Maryland Account(s) that is receiving the rollover is a Member of the Family (as defined in the College Savings Plans of Maryland current enrollment kit) of the Beneficiary on the current 529 Plan Account I am rolling over.
- I hereby authorize this rollover and acknowledge that if my current program manager or I fail to provide the applicable earnings, the entire rollover contribution will be treated as earnings.
- I agree to indemnify and hold harmless the College Savings Plans of Maryland for any claims arising as a result of untrue or inaccurate information supplied by me.

SIGNATURE OF ACCOUNT HOLDER OR CUSTODIAN—REQUIRED

DATE

7. Signature Guarantee

Your current 529 Plan program manager may require a signature guarantee to process the rollover or may also require its own forms to be completed. Please check with your program manager before sending us this form. 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.

Signature Guarantee Stamp

NAME OF BANK OR BROKER

SIGNATURE