



# Maryland College Investment Plan Custodian Change or Removal

**✓ Use this form to:**

- Change or remove a Custodian.

**NOTE:** A new Account will be created. Any automatic contributions or bank information will not carry over from the current Account. Use the [Electronic Contribution](#) form to sign up for Automatic Monthly Contribution (AMC) and add banking instructions for Electronic Fund Transfers (EFT). Investment Options will remain the same. To request a change in the Investment Options, the new Account Holder or Custodian may call the number at the bottom of the page.

 A signature guarantee is required when this symbol appears.

 Attach documentation when this symbol appears.

**Mail to:**  
Maryland College Investment Plan  
P.O. Box 17479  
Baltimore, MD 21297-1479

**Express mail only:**  
Maryland College Investment Plan  
Mail Code: 17479  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

## 1 Current Account Information

### A Account Holder/Beneficiary

Name		
Social Security Number	Date of Birth (mm/dd/yyyy)	
Residential Address		
City	State	ZIP Code

### B Custodian

Name	
Social Security Number	
Day Phone	Evening Phone

### C Portfolios

Account Number	Portfolio Name	Amount or "All"
		\$
		\$
		\$

**Change Custodian**

- The resigning Custodian must sign in Section 1D. The new Custodian may proceed to Section 2.

**Remove Custodian**

- For an Account **not** funded by an UGMA/UTMA, the Custodian's signature is not required. The Account Holder/Beneficiary must be 18 or older and may proceed to Section 3.
- For an Account funded by an UGMA/UTMA, the resigning Custodian must sign in Section 1D. The Account Holder/Beneficiary must have reached the applicable age of majority under the terms and conditions of the original UGMA/UTMA account and may proceed to Section 3.

### D Resigning Custodian

If the current Account Holder/Beneficiary or Custodian is deceased or legally incompetent, call the number at the bottom of the page for the required documentation.

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 the transaction authorized on this form. The College Investment Plan and T. Rowe Price use procedures designed to verify the authenticity of the 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. This request to change or remove a Custodian is subject to conditions set forth in the College Investment Plan Disclosure Statement.

Sign in the presence of a signature guarantor if the current account value is \$50,000 or more.

#### SIGNATURE(S) AND DATE(S) REQUIRED

Resigning Custodian (if applicable) Date (mm/dd/yyyy)

**X**

If a signature guarantee is required, sign this form in the presence of an officer of a commercial bank (FDIC member), trust company, a member firm of a domestic stock exchange, or any other eligible guarantor institution as defined by the Securities Exchange Act of 1934. Endorsement guarantees and stamps from notaries public or other organizations that do not provide reimbursement in the case of fraud are not acceptable.

If you obtain a signature guarantee through a guarantor that is part of the Medallion signature guarantee program, please discuss with the guarantor the account value of this request to ensure the appropriate level of coverage.

#### SIGNATURE GUARANTEE

Name of Institution

Print Name of Person Providing Guarantee

Date (mm/dd/yyyy)

Place Signature Guarantee Stamp Below:

## 2 New Custodian (if applicable)

Custodians act on behalf of a minor Account Holder.

**Citizenship:**\*  U.S. Citizen  U.S. Resident Alien

Name*		
Social Security Number*	Date of Birth (mm/dd/yyyy)*	
Residential Address (cannot be a P.O. Box)*		
City*	State*	ZIP Code*
Day Phone	Evening Phone	
E-mail Address		
Mailing Address (if different from residential)		
City	State	ZIP Code

\*We are requesting this information to verify the identity of persons opening accounts with us (for themselves or on behalf of others) as required under the USA PATRIOT Act.

## 3 Signatures

**By signing this form, I hereby certify and acknowledge that:**

- I have read and I understand, consent, and agree to all of the terms and conditions of the College Investment Plan Disclosure Statement.
- The information in this form is accurate. As described in the College Investment Plan Disclosure Statement, I agree to hold harmless the College Savings Plans of Maryland, the Trust, the Trustee, and T. Rowe Price for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- I am a U.S. citizen or a U.S. resident alien.
- My Beneficiary is a U.S. citizen or a U.S. resident alien.
- The Trust and T. Rowe Price will use this information to verify my identity. If after making reasonable efforts, the Trust and T. Rowe Price are unable to verify my identity, they are authorized to take any action permitted by law, including closing my Account and redeeming my Account at the net asset value calculated the day the Account is closed.
- If I am the Custodian executing this form on behalf of a minor Account Holder, I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- I authorize the College Savings Plans of Maryland, the Trust, the Trustee, and T. Rowe Price and their agents and their affiliates to act on instructions believed to be genuine and from me for any service authorized in this form, including telephone/computer services. T. Rowe Price uses procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, the College Savings Plans of Maryland, the Trust, the Trustee, 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.
- T. Rowe Price will send only one copy of the Plan Disclosure Statement, Annual Report Summary, and other documents (except account confirmations, statements, and tax forms) to all Plan Account Holders residing at the same address. I also understand that this applies to all existing Accounts and any Accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call 1-888-4MD-GRAD to opt out.
- By having T. Rowe Price accept delivery of this form, executed by me and in good order, the Trust hereby acknowledges acceptance of this form, binding the Trust and me in accordance with its terms.

**If you are changing the Custodian, the new Custodian must sign here.**

### SIGNATURE(S) AND DATE(S) REQUIRED

New Custodian (if applicable)

Date (mm/dd/yyyy)

**X**

**If you are removing the Custodian, the Account Holder/Beneficiary must sign here.**

### SIGNATURE(S) AND DATE(S) REQUIRED

Account Holder/Beneficiary (if applicable)

Date (mm/dd/yyyy)

**X**