

College Savings Plans of Maryland

Maryland Prepaid College Trust Change of Account Holder Form

Instructions for Change of Account Holder Form

1. If you have questions or need assistance in completing this form, please call 1-410-767-2024 Monday through Friday during the hours of 9:00 AM to 5:00 PM Eastern Standard Time.
2. Complete all required 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 the required sections are not completed, processing will be delayed.

Current Account Holder Information

LAST NAME	1. Mr. 2. Mrs. 3. Miss 4. Ms.	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGANIZATION NAME (If Account Holder is other than an individual)			MPCT ACCOUNT NUMBER	
<input type="text"/>			<input type="text"/>	

Beneficiary Information

LAST NAME	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Original Account Holder Signature

Reason for Request: _____

I authorize this Account Holder change. In so doing, I acknowledge that I relinquish all rights and responsibilities of the contract to the New Account Holder.

Current Account Holder Signature

Date

New Account Holder Information

LAST NAME	SUFFIX	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER (or Taxpayer I.D. No.)			
<input type="text"/>			
STREET ADDRESS (Include number, street, and apartment number or P.O. Box)			
<input type="text"/>			
CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME TELEPHONE (Area code and number)		WORK TELEPHONE (Area code and number)	
<input type="text"/>		<input type="text"/>	

New Account Holder Signature

I certify that I have read and agree to the terms and conditions of the the person who is to be substituted meets the criteria as specified in the Contract.

New Account Holder Signature

Date

Account Holders who knowingly supply fraudulent documentation regarding the new beneficiary will be denied the opportunity to participate in the plan. In the event a MPCT contract has been revised based upon fraudulent documentation, the contract will be terminated and subject to the assessment of a \$500 termination charge.