

College Savings Plans of Maryland

Maryland Prepaid College Trust Change of Address Form

Instructions for Change of Address Form

1. Use this form to make a change of address to your existing account. You may use this form to change the address for one or multiple accounts and you may also use the form to change the address of someone other than the account holder.
2. 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.
3. 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"/>	<input type="text"/>	<input type="text"/>	<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)											
<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"/>			
SOCIAL SECURITY NUMBER (or Taxpayer I.D. No.)						MPCT Account Number					
<input type="text"/>						<input type="text"/>					

New Address Information

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"/>			
HOME TELEPHONE (Area code and number)						WORK TELEPHONE (Area code and number)					
<input type="text"/>						<input type="text"/>					

Please indicate which person(s) are to have the address changed on the account.

- Account Holder Account Holder Successor (please provide successor name) _____
- Beneficiary (please provide beneficiary name) _____
- Custodian (please provide custodian name) _____ Other _____

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