

MARYLAND COLLEGE INVESTMENT PLAN ELECTRONIC CONTRIBUTION FORM

Use this Electronic Contribution Form to sign up for Automatic Monthly Contributions (AMC), make changes to your current AMC or to add banking instructions for Electronic Funds Transfers (EFT) on an existing Maryland College Investment Plan Account. Please mail this completed and signed form to:

**MARYLAND COLLEGE INVESTMENT PLAN
P.O. Box 17479
BALTIMORE, MD 21297-1479**

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

1. Current Account Information

Please use the Account information as shown on your Account statement.

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)

ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER DAYTIME PHONE NUMBER

2. Add New AMC, Change Current AMC or Add Banking Instructions

Complete the information below to authorize the College Investment Plan to transfer money automatically from your financial institution account into your College Investment Plan account, make changes to your current AMC or add banking instructions to your Account(s) for future Electronic Funds Transfers (EFT).

INDICATE THE ACTION THAT YOU WOULD LIKE TO TAKE:

- ADD NEW AMC –
IF YOU ALREADY CONTRIBUTE THROUGH AMC, WOULD YOU LIKE TO: **ADD** ADDITIONAL AMC **REPLACE** CURRENT AMC INFORMATION
- CHANGE CURRENT AMC (banking instructions, amount, or date(s) of contribution).
- ADD BANKING INSTRUCTIONS FOR FUTURE USE (you do not need to complete the "INVESTMENT AMOUNT" or "DAYS OF THE MONTH I'D LIKE TO INVEST" fields below. If the bank account being added is owned by the Account Holder, banking instructions will be added to all of the Account Holder's College Investment Plan Accounts.).

PLEASE PROVIDE INFORMATION ABOUT THE ACCOUNT(S) YOU ARE UPDATING:

BENEFICIARY NAME	PORTFOLIO NAME	ACCOUNT NUMBER	INVESTMENT AMOUNT* (\$25 MINIMUM PER PORTFOLIO)	DAY(S) OF THE MONTH I'D LIKE TO INVEST**
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

*This amount should reflect how much you would like to invest per portfolio for each date indicated.
** 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.

ACCOUNT FROM WHICH YOU WOULD LIKE TO INVEST:

TYPE OF ACCOUNT: CHECKING SAVINGS OTHER _____

J. A. Customer 123 Main Street Anywhere, USA 12345	Date: _____	1563
PAY TO THE ORDER OF _____	\$ _____	
FOR: _____	Dollars	
VOID		
⑆ 000000000000 ⑆ ⑆ 000000000000 ⑆		

**Tape Your Preprinted
Voiced Check or Savings
Account Deposit Slip Here.**
We cannot establish these options without it.
(Please do not use staples.)

3. Account Holder's 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 if I, the Account Holder, am an owner of the bank account identified in Section 2, banking instructions will be added to all of my Maryland College Investment Plan Accounts and 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 2, 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.

ACCOUNT HOLDER'S OR CUSTODIAN'S SIGNATURE-REQUIRED _____ DATE _____

4. Contributor Authorization (if different from the registered Account Holder)

If you have requested electronic transfers in Section 2 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 2 and 3.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S SIGNATURE

STAMP
NAME OF BANK OR BROKER
