

MARYLAND COLLEGE INVESTMENT PLAN INVESTMENT EXCHANGE FORM

You may complete your exchange in one of two ways:

- 1) Complete your exchange over the phone by calling toll-free 1-888-4MD-GRAD (1-888-463-4723)
- 2) Complete this form and mail to: **MARYLAND COLLEGE INVESTMENT PLAN**

P.O. Box 17479, BALTIMORE, MD 21297-1479

Use this form if you are changing Investment Options for the same Account Holder and Beneficiary named below.

1. Account Information

Account Holder's Name

FIRST M.I. LAST

OR NAME OF TRUST, CORPORATION, OR OTHER ENTITY (if applicable)

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER
OF ACCOUNT HOLDER

DAYTIME PHONE

Custodian's Name or Trustee (if applicable)

FIRST M.I. LAST

Beneficiary's Name

FIRST M.I. LAST

BENEFICIARY'S SOCIAL SECURITY NUMBER

2. Exchange Information

Please provide exchange instructions below. If needed, you may attach additional exchange instructions. You must provide the same information as indicated below.

Exchange From

Portfolio Name Account Number

Exchange Amount

\$ OR Entire Account Balance

Exchange To

Portfolio Name Account Number (if this is a new account, write "NEW")

Exchange Amount

\$ OR Entire Account Balance

Exchange To

Portfolio Name Account Number (if this is a new account, write "NEW")

Exchange Amount

\$

(over, please)

3. Automatic Monthly Contributions

Please provide instructions below if you currently contribute through Automatic Monthly Contributions (AMC). If you do not complete this section, and you are exchanging your entire account balance, your AMC instructions will be transferred to the new investment portfolio. If you are requesting a partial exchange, your AMC instructions will remain on the current account. Please contact us at 1-888-4MD-GRAD if you are contributing via payroll deduction.

To provide new AMC instructions, please complete the following:

Portfolio Name	Account Number (if new, write "New")	Investment Amount* (\$25 minimum per portfolio)	Days of the month** I'd like to invest
<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"/>

*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.

4. Authorize Exchange

I hereby authorize the Maryland College Investment Plan and T. Rowe Price, including their affiliates and agents, to act on any instructions believed to be genuine and by me on this Investment Exchange Form. I understand that I am entitled to change my investment allocations once per calendar year per beneficiary.

Account Holder's, Custodian's, or Trustee's Signature Date
(Exactly as name appears in Section 1)