

MARYLAND COLLEGE INVESTMENT PLAN DISTRIBUTION FORM

Mail this form to: **MARYLAND COLLEGE INVESTMENT PLAN**
P.O. Box 17479, Baltimore, MD 21297-1479

Use this form if you are requesting a distribution from your Account(s). It is your responsibility to substantiate distributions as may be required by the IRS. Therefore, you should maintain accurate records and save all receipts related to educational expenses. Consult your tax adviser or the IRS for current documentation requirements. Please see the College Investment Plan Disclosure Statement for a general explanation of Qualified and Non-Qualified Distributions and any associated taxes and penalties.

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

1. Account Information

The Account Holder should complete this section.

Account Holder

FIRST M.I. LAST

OR NAME OF TRUST, CORPORATION, OR OTHER ENTITY (IF ACCOUNT HOLDER IS OTHER THAN AN INDIVIDUAL)

CUSTODIAN'S NAME OR TRUSTEE (If applicable)

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER

DAYTIME PHONE

EXT.

Beneficiary Information

Beneficiary Name

FIRST M.I. LAST

BENEFICIARY'S SOCIAL SECURITY NUMBER

2. Provide Distribution Instructions

List the Portfolio(s) from which you are requesting a distribution. Please indicate the amount you wish to withdraw from each Account. If you are requesting a distribution from more than two Portfolios, please attach additional instructions.

A. ACCOUNT NUMBER

PORTFOLIO NAME

CONTRACT NUMBER

- Liquidate in Full
 Partial Liquidation

AMOUNT REQUESTED OR % OF ACCOUNT %
\$

C. OTHER - Please attach additional distribution instructions. You must provide the same portfolio and amount information as indicated in Sections A and B.

D. TOTAL AMOUNT REQUESTED (TOTAL OF A, B, AND C)

TOTAL REQUESTED OR % OF ACCOUNT %
\$

Total must match amount in Section 3.

B. ACCOUNT NUMBER

PORTFOLIO NAME

CONTRACT NUMBER

- Liquidate in Full
 Partial Liquidation

AMOUNT REQUESTED OR % OF ACCOUNT %
\$

3. Payment Instructions

Requested Distribution

Provide the total payable amount to each payee below. Payments to the Account Holder will be mailed to the address of record on the Account. For checks payable to the Account Holder, the Account Holder's Social Security number or taxpayer identification number will be used for tax reporting. For all other payees, the Beneficiary's Social Security number will be used for tax reporting.

ACCOUNT HOLDER

PAYABLE AMOUNT

\$

BENEFICIARY

PAYABLE AMOUNT

\$

BENEFICIARY/ELIGIBLE EDUCATIONAL INSTITUTION

PAYABLE AMOUNT

\$

ESTATE OF BENEFICIARY

PAYABLE AMOUNT

\$

Total (must equal total in Section 2D of this form)

TOTAL \$

Name of Educational Institution (If the check is being made payable jointly to the Beneficiary and Educational Institution, provide the complete name of the school.)

NAME OF SCHOOL

Beneficiary Address (Please provide if check is payable to either the "Beneficiary" or "Beneficiary/Educational Institution.") If you do not complete this section, payment will be mailed to the Beneficiary's address of record. Many Educational Institutions have unique information needs regarding the Beneficiary in order to properly credit the Beneficiary's account. Therefore, we do not mail checks directly to Educational Institutions.

ADDRESS

CITY

STATE

ZIP CODE

4. Certification and Signature

By signing below, I, the Account Holder, or Custodian, acting on behalf of a minor Account Holder, do hereby authorize this distribution and certify that all information provided is accurate and true. If I am withdrawing my entire Account balance, I understand that my Account will be closed. I certify that all signatures on this form are genuine signatures of the respective individuals or their legal guardians. I agree to indemnify and hold harmless the College Investment Plan for any claims arising as a result of untrue or inaccurate information supplied by me, or if I distribute assets to a payee for the purpose of reducing my associated tax liability. I understand that it is my responsibility to maintain accurate records as may be required by the Internal Revenue Service to substantiate this distribution for tax purposes.

Signature of the Account Holder or Custodian

Date

5. Signature Guarantee

A signature guarantee is required for distributions of \$50,000 or more. 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.

Signature Guarantee Stamp

NAME OF BANK OR BROKER

Signature