

AFFIDAVIT OF ACCOUNT HOLDER FOR STATE CONTRIBUTION ELIGIBILITY

Note: This page should only be completed by applicants that did not file a Maryland tax return covering the previous calendar year.

_____, (Name), _____ (Social Security Number) being duly sworn, deposes and says:

1. I, _____ (Name), am an Account Holder with the Maryland College Investment Plan, which account was opened after December 31, 2016.
2. I have read and understand the terms and conditions of the Maryland State Contribution Program.
3. The information contained in my Application for the Maryland State Contribution Program submitted for the current year, is accurate.
4. I did not file a Maryland State income tax return for tax year 2024 because I was exempt from filing a Maryland State income tax return.
5. I am in compliance with all State and Federal tax filing and payment obligations.
6. I meet the income requirements of the Maryland State Contribution Program with Maryland adjusted gross income of zero or less than \$50,000 for an individual [or \$75,000 for a married couple filing a joint return].
7. In the case of an UGMA/UTMA custodial account with an owner over the age of 18, I am the authorized individual to act on behalf of the owner because the terms of the UGMA/UTMA have not been satisfied.
8. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing are true. As described in the College Investment Plan Disclosure Statement, I agree to hold harmless Maryland 529, the Maryland State Treasurer, the Trust, the Trustee, and the State and any other agency of the State, as well as T. Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this affidavit.

Signature

Name (Print)

I hereby certify that on this _____ day of _____ (month), _____ (year), before the undersigned, a Notary Public of the State of _____, personally appeared _____ (Name), who gave oath in due form of law that he/she has personal knowledge of and is competent to testify with regard to the facts recited in the within affidavit, and that the facts and matters recited herein are true and correct to the best of his/her knowledge, information and belief.

My commission expires:

Notary Public