



**3. Recurring Contribution/Electronic Fund Transfer (EFT)**

- Complete this section to add, change, or delete a Recurring Contribution from your bank account, or to add a one-time contribution by electronic funds transfer from a bank.
- You can also add, change, or delete a Recurring Contribution or make a one time EFT contribution by accessing your Account online at [www.collegebound529.com](http://www.collegebound529.com).
- To add Recurring Contribution instructions or multiple bank accounts, complete and include **Section 3A** and **Section 4** for each Account and/or instructions.
- Recurring Contribution or EFT contributions will be unavailable for distribution for seven business days.
- Your contribution will be allocated according to the standing allocation(s) on your Account.

A.  **Recurring Contribution.** You can transfer money from your bank account to your CollegeBound 529 Account on a set or custom schedule. *(Check all that apply.)*

Add this option to my Account. *(Provide the information below and in **Section 4.**)*

Change the investment amount, frequency, and/or debit date on my existing Recurring Contributions. *(Provide the new amount and/or debit date below.)*

**Note:** If you wish to skip a scheduled Recurring Contribution, please call **1.877.615.4116**.

Change the bank account information currently being used for my existing Recurring Contribution. *(Provide the information in **Section 4.**)*

Delete this option.

**Amount of Debit:**  \$25     \$50     \$100     \$150     \$250     Other    \$  ,    .

Amount

**Frequency (Check One):**     Monthly     Quarterly *(Every three months.)*     Custom

**Custom Only:**     January     February     March     April  
*(Select months you would like your Recurring Contributions to occur)*  
 May     June     July     August  
 September     October     November     December

**Start Date:\***      -   -      
Date *(mm/dd/yyyy)*

\*CollegeBound 529 must receive instructions at least three business days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

**Annual Increase.** You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Amount of increase:**    \$  ,    .

**Month:\*\***   

\*\* The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of CollegeBound 529 and will also count toward annual federal gift tax exclusion limits.





**6. Systematic Withdrawal Program (SWP) (Optional)**

- Complete this section to establish periodic withdrawals from your CollegeBound 529 Account.
- SWPs can be established for Qualified Distributions only. We are required to file IRS Form 1099-Q annually for distributions taken from your CollegeBound 529 Account.
- You can have up to two SWPs on your Account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

**Important:** Your withdrawal will be held if a contribution is not on deposit for seven business days, or nine business days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied.

**A. Activate the SWP for my CollegeBound 529 Account.**

**Frequency (Check One.):**  Monthly  Quarterly  Semi-Annually  Annually

**Start Date:\***   -   -      
Date (mm/dd/yyyy)

**End Date (Optional):**   -   -      
Date (mm/dd/yyyy)

**Amount of Withdrawal:** \$     ,     .

\*The first systematic withdrawal will occur on the start date indicated above if received within three business days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on your start date, not calendar year.

**I authorize CollegeBound 529 to withdraw from the following Investment Option(s)**

Investment Option \$     ,     .      
Dollar Amount

Investment Option \$     ,     .      
Dollar Amount

Investment Option \$     ,     .      
Dollar Amount

**B. SWP Recipient. (Continued)**

Account Owner (Address on record.)

Beneficiary (Address on record.)

Bank Account of Account Owner

Eligible college or university (Provide school address below.)

Name of School (Complete only if the distribution is to be sent directly to the school.)

Department/Office/Contact Name

Beneficiary's Student ID

Mailing Address

City State Zip Code

**7. Signature — YOU MUST SIGN BELOW**

- I certify that I have read and understand, consent, and agree to all the terms and conditions of CollegeBound 529 Program Description as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize CollegeBound 529 or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 4**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have chosen the Recurring Contribution or EFT option, I authorize CollegeBound 529 and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 4**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of CollegeBound 529, the State of Rhode Island, the General Treasurer, the Office of the General Treasurer of the State of Rhode Island, the Rhode Island State Investment Commission, Ascensus College Savings Recordkeeping Services, LLC and its affiliates, Invesco Advisers, Inc, Invesco Distributors, Inc. will incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying CollegeBound 529 and the bank by telephone or in writing, and that the termination request will be effective as soon as CollegeBound 529 and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 4**.

SIGNATURE  
Signature of Account Owner

-  -   
Date (mm/dd/yyyy)



State of Rhode Island  
Office of the General Treasurer  
Seth Magaziner



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