CollegeBound 529

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Account Features Form

- Use this form to add, change, or delete Recurring Contributions, Electronic Fund Transfer (EFT), Bank Information, Systematic Reallocation and Systematic Withdrawal Program (SWP) to your CollegeBound 529 Account.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed.
 Do not staple.

Forms can be downloaded from our website at **www.collegebound529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.615.4116** any business day from 8 a.m. to 8 p.m. Eastern time.



www.collegebound529.com

Regular mailing address: **CollegeBound 529 P.O. Box 55987 Boston, MA 02205-9722**

Overnight mailing address: CollegeBound 529 95 Wells Ave, Suite 155 Newton, MA 02459

. Cı	rrent Account Owner information
Aco	count Number(s) (To list more than 3 Accounts, use a separate sheet.)
Na	me of Account Owner (first, middle initial, last)
Tel	ephone Number (In case we have a question about your Account.)
Fe	eatures to add, update, or delete (Check all that apply.)
	Recurring Contributions/Electronic Funds Transfer—Complete Section 3 and Section 4
	Bank Information — Section 4
	Systematic Reallocation—Section 5
	Systematic Withdrawal Program (SWP)—Section 6



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**.
- 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. schedule. (Check all that a		ey from your bank accou	ınt to your CollegeBou	and 529 Account on a set or custom	
Add this option to m	Add this option to my Account. (Provide the information below and in Section 4 .)				
(Provide the new am	ount and/or debit date	, and/or debit date on m <i>below.)</i> rring Contribution, pleas		ontributions.	
Change the bank acc		ently being used for my e	existing Recurring Con	tribution.	
Delete this option.					
Amount of Debit: \$\int \\$	25 \$50	\$100 \$150	\$250	Other \$, O O	
Frequency (Check One):	Monthly	Quarterly (Every three months.)	Custom		
Custom Only: (Select months you would like your Recurring Contributions to occur)	January May September	February June October	March July November	April August December	
Start Date:*	Date (mm/dd/yyyy)				
from your bank account w	vill begin the following	month on the day speci	fied. Please review yo	ne month specified; otherwise, debits ur quarterly statements for details o receipt of this request, on the 10th	
Annual Increase. You may adjusted each year in the				pasis. Your contribution will be	
Amount of increase:	\$. 0 0			
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.

В.	EFT. Make a one-time contribution via Electronic Fund Transfer (EFT), complete Section 4 if there is not bank account information on file. You can transfer funds from your bank account to your CollegeBound 529 Account at any time simply by calling us, or by requesting a transfer online. CollegeBound 529 may place a limit on the total dollar amount per day you may contribute to an Account by EFT.
	Add \$, 0 0
Bank	c information
	plete this section if you are adding a Recurring Contribution or EFT to your Account or if you are changing your bank account rmation.
asso man Im	curring Contribution and contributions through EFT can be made only through accounts held by a U.S. bank, savings and loan ociation, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash agement accounts offered through non-bank financial companies cannot be used. Portant: By signing this Account Features Form, you agree and confirm that your ACH transactions will not involve the branches or ces of a bank or other financial services company located outside the territorial jurisdiction of the United States
	k Name Account Type: k Routing Number
Na	me(s) on Bank Account
Banl	k Account Owner Name (first, middle initial, last)
Banl	k Account Owner Name (first, middle initial, last)

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

5. Systematic Reallocation (Optional)

Systematic Reallocation allows you to exchange from one Investment Option to one or more other Investment Options within your account on a pre-scheduled basis.

- To start a Systematic Reallocation you must designate a minimum of \$5,000 to be exchanged from the Source Portfolio to one or more Target Portfolios on a pre-scheduled basis. The Reallocation from the Source Portfolio must have a minimum of \$5,000 in assets to start the Systematic Reallocation.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Reallocation using money that is already invested in your account will count towards your twice per calendar
 year Investment Option change limit.
- Creating a Systematic Reallocation with new money contributed to your account will NOT count towards your twice per calendar
 year Investment Option change limit. To start a Systematic Reallocation using new money you must mail a contribution check with
 this completed form to CollegeBound 529.
- If you make any changes to or cancel an established Systematic Reallocation it will count towards your twice per calendar year Investment Option change limit.

Frequency: (Check One.):	
Amount: \$, 0 0	
Start Date*:	
*CollegeBound 529 must receive instructions at least three business days prior to the indica quarterly statements for details of these transactions. If the date is not specified, this optic receipt of this request, on the 10th day of the month.	
Source Portfolio:	
Target Portfolio:	
Investment Option	S
	\$
Investment Option	Dollar Amount (\$500 Minimum)
	\$, 0 0
Investment Option	Dollar Amount (\$500 Minimum)
Stop Type (Select one):	
Stop Date: Date (mm/dd/yyyy)	
Exchange Amount: \$,	
When Complete Balance of the "Source Portfolio" Investment Option is	s depleted.

By completing this section and signing this form, I authorize CollegeBound 529 to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Reallocation Program will count towards my twice per calendar year Investment Option change limit.

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.

tivate the SWP for my Coll	egeBound 529 Account.				
Frequency (Check One.):	Monthly 0	Quarterly	Semi-Annually	Annually	
Start Date:*					
End Date (Optional):	Date (mm/dd/yyyy) Date (mm/dd/yyyy)				
Amount of Withdrawal:	\$	0 0			
of a given month through da business day. The frequency	atic withdrawal will begin the 28 of that month. If the date is based on your start date, n	e following mon e falls on a wee not calendar yea	th. The withdrawal dat kend or holiday, it will b ar.	te may occur from the firs	t day
				\$	0
Investment Option				Dollar Amount	
Investment Option				\$	0
investment option				Donar Amount	
T. Control of the con				\$ 0	0

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.)		Account Owner (Address on record.)
Bank Account of Account Owner Eligible college or university (Provide school address below.)		
Eligible college or university (Provide school address below.)		Beneficiary (Address on record.)
		Bank Account of Account Owner
Name of School (Complete only if the distribution is to be sent directly to the school.)		Eligible college or university (Provide school address below.)
	Nai	ne of School (Complete only if the distribution is to be sent directly to the school.)
Department/Office/Contact Name		artmant (Office (Contact Name

7. Signature — YOU MUST SIGN BELOW

Mailing Address

City

- 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.

State

Zip Code

- 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)







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