

CollegeBound 529

Broker/Dealer Change Request Form

- Use this form to authorize the change of the Broker/Dealer listed on 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.

1.877.615.4116
8 a.m. to 8 p.m. Eastern Time M-F
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

1. This change applies to

- [ ] All of your Accounts [ ] List of Accounts attached [ ] Individual Account

Note: Regardless of the option you select, complete Section 2.

2. Account information

Account Number

Name of Account Owner (first, middle initial, last)

3. New Broker/Dealer information (To be completed by the financial professional.)

Firm Name

Broker/Dealer Name (first, middle initial, last)

Branch Number (if applicable), Advisor ID Number/IRD Number, BIN Number (if applicable), Matrix Level

Mailing Address

City, State, Zip Code

Telephone Number



**4. SIGNATURE — MUST SIGN BELOW**

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the CollegeBound 529 Program Description.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of new Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)



State of Rhode Island  
Office of the General Treasurer

