



**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  
Seth Magaziner

