

3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your CollegeBound 529 Account. You do not need to enter information that will not be changed.
- If you are changing your name, you must either provide a copy of an official document that changes your name. (i.e. Marriage Certificate, Divorce Decree, etc.) or have your old and new signature Medallion Signature Guaranteed in **Section 8**.

Note: Changing the address on your Account will place a nine business day hold on any Distribution(s) you may request. The funds will be released once the hold time has been met.

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

Permanent Street Address (*P.O. boxes are not acceptable.*)

City

State

Zip Code

Account Mailing Address if different from above (*This address will be used as the Account's address of record for all Account mailings.*)

City

State

Zip Code

Telephone Number (*In case we have a question about your Account.*)

Email Address

4. Transfer assets to a new Account Owner

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 8**.
- The new Account Owner will control the Account and the disposition of all assets held in the Account.
- The new Account Owner must also complete an **Enrollment Form** if the new Account Owner does not have an Account on file.

Important: You cannot change the Custodian for an UGMA/UTMA Account.

Account Number (*If applicable*)

Name of New Account Owner (*first, middle initial, last*) **(Required)**

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date/Trust Date (*mm/dd/yyyy*) **(Required)**

7. Signature — YOU MUST SIGN BELOW *(However, if you are changing your name or transferring ownership of your Account(s) to a new Account Owner, skip this section and complete Section 8 instead.)*

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the CollegeBound 529 Program Description and understand the rules and regulations governing CollegeBound 529 as they relate to this information change request.
- By signing below, I authorize CollegeBound 529 or its designee to change my Account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to CollegeBound 529's verification of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- 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.

SIGNATURE
Signature of Account Owner

□□ — □□ — □□□□
Date (mm/dd/yyyy)

8. Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES AND CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

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

SIGNATURE
Former Signature of Account Owner *(Only used if you are changing your name) (In the presence of the authorized officer.)*

SIGNATURE
Current Signature of Account Owner *(In the presence of the authorized officer.)*

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Authorized Officer to place stamp here



State of Rhode Island
Office of the General Treasurer

