


CollegeBound 529


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Company Information Form

- The following information is required to establish your company’s CollegeBound 529 Employer Program.
- 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 below. 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. Company information

Company Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Contact Person

E-mail Address

Contact Telephone Number

2. Contribution Method

Electronic Funds Transfer (from employee checking or savings account)

Direct Deposit from employee paychecks



* R I A D V C O M P A N Y I N F O *

3. Financial professional information (To be completed by the financial professional.)

[Grid of 30 empty boxes for Firm Name]

Firm Name

[Grid of 30 empty boxes for Financial Professional Name]

Financial Professional Name (first, middle initial, last)

[Empty box for Branch Number]

Branch Number (if applicable)

[Empty box for Advisor ID Number/IRD Number]

Advisor ID Number/IRD Number

[Empty box for BIN Number]

BIN Number (if applicable)

[Empty box for Matrix Level]

Matrix Level

[Grid of 30 empty boxes for Mailing Address]

Mailing Address

[Grid of 15 empty boxes for City]

City

[Grid of 2 empty boxes for State]

State

[Grid of 10 empty boxes for Zip Code]

Zip Code

[Grid of 10 empty boxes for Telephone Number]

Telephone Number

4. Investment Alternatives (select one)

Employers with less than 250 employees

Class A

Class C

Employers with more than 250 employees

Class A @ Corp

Rhode Island Employers

Class RA

Fee Based Financial Intermediary

Class I

5. SIGNATURE — MUST SIGN BELOW

By signing below, I hereby certify that:

- all of the information provided on this form is complete and correct.
this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the CollegeBound 529 Program Description.

SIGNATURE

Signature of Employer Group Contact

[Date grid: mm - dd - yyyy]

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Advisor

[Date grid: mm - dd - yyyy]

Date (mm/dd/yyyy)



State of Rhode Island
Office of the General Treasurer
Seth Magaziner

