


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 \*

