CollegeBound 529

# CollegeBound 529

# Non-Rhode Island **Resident Enrollment Form**

#### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

We are required by federal law to obtain certain personal information from each person who opens an Account—including name, U.S. permanent street address, and date of birth, among other information—that will be used to verify their identity. If we do not receive all the required information, there could be a delay in opening your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program.
- You must provide all information except where indicated as optional.
- 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 mailing 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

Account type
Individual Account. I am opening a new CollegeBound 529 Account.
UGMA/UTMA Account. I am opening an UGMA/UTMA Account with assets liquidated from an UGMA/UTMA custodial Account. I am aware that this may be a taxable event.
Indicate the state (please abbreviate) in which the UGMA/UTMA custodial Account was opened.
Business Entity/Trust Account. I am opening this Account as a corporation, association, estate, or trust.  (You must enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)
Scholarship/Non-Profit. I am opening this Account on behalf of a scholarship program, non-profit organization or a state or local government (or agency or instrumentality thereof) or (ii) organization described in section 501(c) (3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. (You must enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Enrollment Form. We may also request additional information from you.)



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# 7. Sales Charge Waiver (Optional)

• To qu	alify for a sales charge reduction, you must complete the following section. Check one or check all that apply.
A	<b>Letter of Intent.</b> I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:
	\$50,000 \$100,000 \$250,000 \$500,000
В.	<b>Rights of Accumulation ("ROA").</b> Check this box if a family member owns units in CollegeBound 529 or Class A, C, or Invesco mutual fund shares to be applied for the reduced sales charge. Include the account number(s) and market value(s) below. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Program Description for additional information.
	Legal Name of Family Member (flrst, middle initial, last)
	ONTO OR ONTO OR
	529 Account Number (Where Invesco funds are held)
	Market Value
	Legal Name of Family Member( flrst, middle initial, last)
	OR Account Number (Where Invesco funds are held)
	\$, Market Value
C	I am eligible for a sales charge waiver under the terms of the Program Description because I am related to:
	Legal Name (first, middle initial, last)
	Qualifying Employer's Name
	Relationship
	Self Spouse Domestic Partner Child
	Officer, Director, or Trustee Parent Grandparent Grandchild
	Dependent of the Person Sibling Stepchild Father- or Mother-in-law
	Employer Sponsored Plan (Payroll Direct Denosit)

### B. Investment Option selection

- Before choosing your Investment Option(s), please read the CollegeBound 529 Program Description *available at* **www.collegebound529.com** for complete information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100%
  next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you
  would like invested into each of the selected Investment Options.
- · Use whole percentages only.
- Your total Investment Option percentages must equal **100%.**

Age-Based Portfolios:		
Invesco CollegeBound Today Portfolio	Please select only one Unit Class	
Invesco CollegeBound 2021-2022 Portfolio	%	<b>).</b>
Invesco CollegeBound 2023-2024 Portfolio	Class A (In-State Class RZ)	
Invesco CollegeBound 2025-2026 Portfolio	Class C	
Invesco CollegeBound 2027-2028 Portfolio	(In-State Class RA)	
Invesco CollegeBound 2029-2030 Portfolio		
Invesco CollegeBound 2031-2032 Portfolio	%	
Invesco CollegeBound 2033-2034 Portfolio		
Invesco CollegeBound 2035-2036 Portfolio		
Invesco CollegeBound 2037-2038 Portfolio		
Invesco CollegeBound 2039-2040 Portfolio		
Target Risk Portfolios:		
Invesco Conservative College Portfolio		
Invesco Moderate College Portfolio	%	
Invesco Growth College Portfolio	%	
Individual Portfolios:		
Invesco Stable Value Portfolio	%	
Invesco Short Duration Inflation Protected Portfolio		
Invesco Core Plus Bond Portfolio	%	
Invesco Equally-Weighted S&P 500 Portfolio	%	
Invesco Diversified Dividend Portfolio		
Invesco FTSE RAFI US 1500 Small-Mid Portfolio	%	
Invesco Small Cap Growth Portfolio		
Invesco International Growth Portfolio		
Invesco FTSE RAFI Developed Markets ex-US Portfolio		
Invesco Equity and Income Portfolio		
Invesco MSCI World SRI Index Portfolio		

Total

1 0 0 %

#### 9. Contribution Method

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for seven business days.

Source	e of fi	unds (Check all that	oply.):	
Α.	Pers	sonal check.		
	Imp	ortant: All checks m	st be payable to CollegeBound 529.	
	<b>\$</b>	nount		
В.	to a www are p	CollegeBound 529 w.collegebound52	29 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond Account. Complete and include an Incoming Rollover Form, available online at .com or by calling 1.877.615.4116. By law, rollovers between 529 plans for the same Every 12 months. Please see the CollegeBound 529 Program Description for more inform	Beneficiary
C	Bond 1099 amo	d that was redeemed 9-INT or 1099-Q show	k is included from another 529 plan, Coverdell Education Savings Account, or Qualified U vithin the last 60 days. You must provide an account statement from your former account no the contribution and earnings portion of the redemption. If these forms are not provide earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only	or IRS form ed, the entire
	<b>\$</b>	oount of Rollover	\$ Principal (Basis) SEarnings	
D	unio occu chan callii	n account monthly or ur. Money will be tran nge the investment an ng <b>1.877.615.4116</b> . To	You can have a set amount automatically transferred from your bank, savings and loan, quarterly, or you can choose the months in which you would like your Recurring Contributiferred electronically based on the frequency you select into your CollegeBound 529 Account and frequency at any time by logging onto your Account at <b>www.collegebound52</b> add Recurring Contributions instructions or multiple bank accounts, attach a separate she ections <b>9D</b> and <b>9F</b> for each additional Recurring Contributions instruction or bank accounts.	ons to unt. You may <b>9.com</b> or by eet with the
	Imp	ortant: To set up this	ption, you must provide bank information in <b>Section 9F</b> .	
	Amo	ount of Debit:	5 \$50 \$100 \$150 \$250 Other \$_,	. 0 0
	Freq	<b>juency</b> (Select One):	Start Date:*	
		Monthly		
		<b>Quarterly</b> (Every three months.)		
		Custom	Day	
		(Please select the month	you would like your Recurring Contributions to occur.)	
		January	February March April May June	
		July	August September October November Decem	ber

<sup>\*</sup>CollegeBound 529 must receive instructions at least three business days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

	Annual Increase. You may increase your Recurring Contributions automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.
	Amount of increase: \$
	Month:**
	** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.
E.	Electronic Funds Transfer (EFT). Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in Section 9F. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. (The amount below will be a one-time EFT contribution to open your Account.)  \$
F.	Bank information. Required to establish Recurring Contributions or EFT service.
	Recurring Contributions and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.  Important: By signing this Enrollment Form, you agree and confirm that your ACH transactions will not involve the branches or
	offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.
	Bank Name
	Bank Routing Number  Bank Account Number  Bank Account Number  Account Type:
	Names on Bank Account
	Name (first, middle initial, last)
	Joint Bank Account Owner's Name (first, middle initial, last)
G.	Payroll Direct Deposit. If you want to make contributions to your CollegeBound 529 Account directly as a Payroll Direct

### 10. Systematic Reallocation (Optional)

The Systematic Reallocation allows you to exchange from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start a Systematic Reallocation you must designate a minimum of \$5,000 to be exchanged from one Investment Option to one
  or more Investment Options on a pre-scheduled basis. The Source Portfolio must have a minimum of \$5,000 in assets to start the
  Systematic Reallocation.
- Your entire initial deposit does not need to be included in the Systematic Reallocation.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Reallocation at the time of enrollment will NOT count towards your twice per calendar year Investment Option
  change limit. To start a Systematic Reallocation at the time of enrollment you must mail a contribution check with this completed
  form to the Plan.

If you make any changes to or cancel an established Systematic Reallocation it will count towards your twice per calendar year

Investment Option chang	e limit.	
Frequency (Check one.):	Monthly Quarterly (Every three months.)	
Amount:	\$,	
Start Date:*		
•	instructions at least three business days prior to the indicated st of these transactions. If the date is not specified, this option will th day of the month.	
Source Portfolio		
Target Portfolio(s)		
		\$
Investment Option		Amount (minimum \$500)
		\$
Investment Option		Amount (minimum \$500)
		\$ 000
Investment Option		Amount (minimum \$500)
Stop Type (Select one):		
Stop Date: Date		
When total amo	ount of reallocation equals: \$,,	0
When Complete	Balance of the "Source Portfolio" Investment Option is a	lepleted.

## 11. Signature and Certification—YOU MUST SIGN BELOW

By signing below, I apply to open an Account in CollegeBound 529 and I hereby certify that:

- I have received and read this form and agree to the terms and conditions of the CollegeBound 529 Program Description which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- All of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated
  in the CollegeBound 529 Program Description and this form, and by any and all statutory, administrative and operating procedures that govern
  CollegeBound 529. Except as set forth below, I understand that the CollegeBound 529 Program Description, and Enrollment Form and any
  subsequent forms signed by me constitute the entire agreement between me and CollegeBound 529. No person is authorized to make an oral
  modification to this agreement.
- I understand investments in CollegeBound 529 are not guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or any other
  governmental entity, and are not deposits or other obligations of any depository institution. I understand both the principal I contribute to my
  Account and any investment returns are not guaranteed by CollegeBound 529, the State of Rhode Island, the Office of the General Treasurer
  of the State of Rhode Island, the Rhode Island State Investment Commission, Ascensus College Savings Recordkeeping Services, LLC (the
  "Program Manager") and its affiliates, Invesco Advisers, Inc., Invesco Distributors, Inc. and their respective agents, employees and affiliates,
  (collectively, "CollegeBound 529 Associated Persons"), and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in CollegeBound 529 does not guarantee that contributions and the investment return on contributions, if any,
  will be adequate to cover tuition and other qualified higher education expenses or that a Beneficiary will be admitted to or permitted to continue
  to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- I understand that by signing this Enrollment Form, I am authorizing CollegeBound 529 and its service providers, including the Program Manager
  and its affiliates to provide my Financial Advisor with access to my Account and perform transactions on my behalf. I agree to hold harmless the
  CollegeBound 529 Associated Persons from any claims I make and/or losses I incur as a result of the acts or omissions of my Financial Advisor.
- I understand that (i) my Financial Advisor is required to have a selling agreement in place with Invesco Distributors, LLC that is in good standing, and (ii) in the event such selling agreement is terminated, my Financial Advisor's authority to manage my Account and/or view my Account information may be terminated.
- If this new Account is being opened because a former Account Owner is deceased or legally incapacitated and I had been designated the Successor Account Owner on that Account, by signing below I certify that I am not aware of any adverse claim of ownership or court order relating to the ownership of this Account and I agree to hold harmless CollegeBound 529 Associated Persons from any third party claims relating to the transfer of ownership to me.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 Plan issued by the State of Rhode Island will count towards my permitted twice per calendar year investment option change limit.
- If I have chosen the Recurring Contributions or EFT option, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my Account at the bank named in **Section 9F**. I authorize the bank to accept any such credits or debits to my Account without responsibility as to their correctness. I acknowledge that the origination of ACH transactions involving my bank Account must comply with U.S. law. I further agree that CollegeBound 529 Associated Persons will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying CollegeBound 529 and the bank by telephone or in writing, and that the termination request will be effective as soon as CollegeBound 529 and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 9F**.
- If I am establishing Systematic Reallocation, I authorize CollegeBound 529 to process the periodic reallocation as indicated. I understand that
  making changes to an established Systematic Reallocation will count towards my twice per calendar year Investment Option change limit.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same
  Beneficiary in 529 plans issued by the State of Rhode Island will not cause the aggregate balances in such Accounts to exceed the Maximum
  Account Balance (as described in the CollegeBound 529 Program Description) then in effect or the cost in current dollars of qualified higher
  education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account, that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the CollegeBound 529 Associated Persons from any third party claims relating to my actions.
- 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 and that I am authorized to
  open an Account for the Beneficiary named in **Section 3**. I agree to promptly inform CollegeBound 529 in the event that any of the foregoing
  certifications becomes untrue. I understand and acknowledge that CollegeBound 529 has the right to terminate the entity's participation in
  CollegeBound 529 if it has reasonable grounds to believe that any of the foregoing certifications are untrue.
- I agree to the terms of the pre-dispute arbitration clause as described in the Participation Agreement in the CollegeBound 529 Program Description.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/vyvy)

## 12. Additional Information (Optional)

It's important that CollegeBound 529 meets the needs of Rhode Island residents. By supplying us with the following information, the State of Rhode Island Office of the General Treasurer can understand how the Plan is being used. Your individual information will not be shared with any other party and will only be seen by the Treasurer and its service providers. Your information will not be used on an individual basis (so your anonymity will be protected). Thank you!

How did you hear about C	<b>CollegeBound 529?</b> (Select one.):		
Online Ad	Magazine/Newspaper	Print Ad	Television
Radio	School Event	Community Event	Family/Friends
Financial Advisor	Upromise Website	Direct Mail	E-Mail
Employer	Mailing	Treasurer's Website	Other
Educational level (Select o	one.):		
Select the highest level of ed	ducation you, the Account Owner, ha	ve completed.	
Some high school	High school degree	Some college	Bachelors degree
Associates degree	Masters degree	Professional degree	Doctorate degree
Race (Select one.):			
Caucasian	Asian	African American	Hispanic or Latino
Native American	Other		







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