

CollegeBound 529

CollegeBound 529

Non-Rhode Island Registered
Investment Advisor (RIA) 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****1. 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.*)



* R I A D V R I A E N R O L L *

3. Beneficiary information *(The Beneficiary is the future student.)*

Legal Name (First name) (Required) (m.i.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

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

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

Mailing Address

City

State

Zip Code

Relationship of Account Owner to Beneficiary

Parent Guardian Grandparent Friend Self Other

4. Successor Account Owner information *(Optional)*

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death.
- The person you designate as a Successor Account Owner **must be at least 18 years old**.
- You may revoke or change your designation later by completing the appropriate form.
- See the CollegeBound 529 Program Description for more information.

Legal Name (First name)/or Trust name (m.i.)

Legal Name (Last name)/or remaining Trust name

Birth Date or Trust Date (mm/dd/yyyy)

7. 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:

	Class I
Invesco CollegeBound Today Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2019-2020 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2021-2022 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2023-2024 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2025-2026 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2027-2028 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2029-2030 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2031-2032 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2033-2034 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2035-2036 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco CollegeBound 2037-2038 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Target Risk Portfolios:

Invesco Conservative College Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Moderate College Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Growth College Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Individual Options:

Invesco Stable Value Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Short Duration Inflation Protected Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Core Plus Bond Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Equally-Weighted S&P 500 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Diversified Dividend Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco FTSE RAFI US 1500 Small-Mid Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Small Cap Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco International Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco FTSE RAFI Developed Markets ex-U.S. Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Equity and Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Invesco Global Sustainable Equity Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Total %

8. 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 of funds (Check all that apply):

A. **Personal check.**

Important: All checks must be payable to **CollegeBound 529**.

\$, .

Amount

B. **Rollover from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond to a CollegeBound 529 Account.** Complete and include an **Incoming Rollover Form**, available online at www.collegebound529.com or by calling **1.877.615.4116**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

\$, .

Amount

C. **Indirect Rollover.** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

\$, .

Amount of Rollover

\$, .

Principal (Basis)

\$, .

Earnings

D. **Recurring Contributions.** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your Recurring Contributions to occur. Money will be transferred electronically based on the frequency you select into your CollegeBound 529 Account. You may change the investment amount and frequency at any time by logging onto your Account at www.collegebound529.com or by calling **1.877.615.4116**. To add Recurring Contributions instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 8D** and **8F** for each additional Recurring Contributions instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 8F**.

Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$, .

Amount

Frequency (Select One):

Start Date:*

Monthly

- -

Date (mm/dd/yyyy)

Quarterly

(Every three months.)

- -

Date (mm/dd/yyyy)

Custom

Day

(Please select the months you would like your Recurring Contributions to occur.)

January

February

March

April

May

June

July

August

September

October

November

December

*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.

9. 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 change limit.

Frequency *(Check one):* Monthly Quarterly *(Every three months.)*

Amount: \$, .

Start Date:* - -
Date (mm/dd/yyyy)

*The Program must receive instructions at least three business days prior to the indicated start date. 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.

Source Portfolio:

Target Portfolio:

\$, .
Investment Option Dollar Amount (*\$500 Minimum*)

\$, .
Investment Option Dollar Amount (*\$500 Minimum*)

\$, .
Investment Option Dollar Amount (*\$500 Minimum*)

Stop Type *(Select one):*

Stop Date: - -
Date (mm/dd/yyyy)

When total amount of Reallocation equals: \$, .
(\$5,000 Minimum)

When Complete Balance of the "Source Portfolio" Investment Option is depleted.

10. 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.
- 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 8F**. 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 8F**.
- 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/yyyy)

11. 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 CollegeBound 529? *(Select One.)*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Event | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Upromise Website | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Mailing | <input type="checkbox"/> Treasurer's Website | <input type="checkbox"/> Other |

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school degree | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Masters degree | <input type="checkbox"/> Professional degree | <input type="checkbox"/> Doctorate degree |

Race *(Select One.)*

- | | | | |
|--|--------------------------------|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | | |



State of Rhode Island
Office of the General Treasurer
Seth Magaziner



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