CollegeBound 529

Registered Investment Advisor (RIA) Enrollment Form

CollegeBound 529

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.
We are required by federal law to obtain from 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.)*

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2. Account Owner information *(The Account Owner is the person or entity who owns the Account. This person must be at least 18 years old.)*

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

Legal Name *(Last name)* ***(Required)***

If the Account Owner is a Business Entity/Trust enter Business Entity/Trust name

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

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

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

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

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

☐ I am an employee of the State of Rhode Island or any Rhode Island local or municipal authority, or my primary place of employment or business is within the State of Rhode Island. By checking this box, regardless of residency, you will be defined as a Rhode Island resident.

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)*

5. Interested Party information *(Optional)*

Complete this section if you want to add an individual as an interested party to the Account. An interested party will be able to call, receive certain information verbally about the Account, and receive quarterly statements. An interested party will not be allowed to make changes to the Account or request transactions.

Name

Mailing Address

City State Zip Code

Telephone Number

Relationship to Account Owner.

Family Member Compliance Other

6. Financial Advisor *(To be completed by the Financial Advisor.)*

Firm Name

Financial Advisor Name *(first, middle initial, last)*

Branch Number *(if applicable)* Advisor ID Number/IRD Number BIN Number *(if applicable)* Matrix Level

Street Address

City State Zip Code

Telephone Number

Authority to Financial Advisor

The Financial Advisor indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment option changes, make qualified withdrawals, inquire, and have access to my Account. He or she will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, Interested Party, firm, or Financial Advisor. The Financial Advisor will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of your Account. The Financial Advisor's authority granted herein may be terminated at the discretion of the Plan and its authorized representatives.

SIGNATURE

Financial Advisor Authorized Signature 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	%
Invesco CollegeBound 2023-2024 Portfolio	%
Invesco CollegeBound 2025-2026 Portfolio	%
Invesco CollegeBound 2027-2028 Portfolio	%
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	%
Invesco CollegeBound 2041-2042 Portfolio	%
Target Risk Portfolios:	
Invesco Conservative College Portfolio	%
Invesco Moderate College Portfolio	%
Invesco Growth College Portfolio	%
Invesco Aggressive College Portfolio	%
Individual Portfolios:	
Invesco Stable Value Portfolio	%
Invesco Core Bond Portfolio	%
Invesco Short Duration Inflation Protected Portfolio	%
Invesco Equally-Weighted S&P 500 Portfolio	%
Invesco Diversified Dividend Portfolio	%
Invesco Core Plus Bond Portfolio	%
Invesco Fundamental High Yield Corporate Bond Portfolio	%
Invesco Global Real Estate Income Portfolio	%
Invesco S&P 500 Low Volatility Portfolio	%
Invesco American Franchise Portfolio	%
Invesco NASDAQ 100 Index Portfolio	%
Invesco Oppenheimer International Growth Portfolio	%
Invesco Discovery Mid Cap Growth Portfolio	%
Invesco Main Street Small Cap Portfolio	%
Invesco Small Cap Value Portfolio	%
Invesco Global Focus Portfolio	%
Invesco Developing Markets Portfolio	%
Invesco Small Cap Growth Portfolio	%
Invesco Equity and Income Portfolio	%
Invesco MSCI World SRI Index Portfolio	%
Total	1 0 0 %

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, Education Savings Account (ESA), 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. Please see the CollegeBound 529 Program Description for more information.

$ ☐☐☐,☐☐☐.☐☐
Amount

C. ☐ **Indirect Rollover.** A check is included from another 529 plan, ESA, 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 10F.**

Amount of Debit: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $250 ☐ Other $ ☐,☐☐☐.**0 0**
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.

☐ **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: $ ☐,☐☐☐.00

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 8F.** 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.)*

$ ☐☐☐,☐☐☐.☐☐
Amount

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 ☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: *(Check One.)* ☐ Checking ☐ Savings

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 Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your CollegeBound 529 Account until you have received a **Payroll Direct Deposit Confirmation Form** from CollegeBound 529, provided your signature and Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other CollegeBound 529 Accounts.

Amount of Payroll Direct Deposit each pay period: $ ☐,☐☐☐.00

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: $ ☐,☐☐☐.00
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(s)

Investment Option — $ ☐☐☐,☐☐☐.00 Amount *(minimum $500)*

Investment Option — $ ☐☐☐,☐☐☐.00 Amount *(minimum $500)*

Investment Option — $ ☐☐☐,☐☐☐.00 Amount *(minimum $500)*

Stop Type *(Select one)*:

☐ **Stop Date:** ☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

☐ **When total amount of reallocation equals:** $ ☐☐☐,☐☐☐.00
(minimum $5,000)

☐ **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.
- 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 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)*