CollegeBound Starter

CollegeBound Saver

Adoption Verification Form

Please return this completed form, along with proof of adoption, to the Office of the General Treasurer Attn: CollegeBound Starter, One Capitol Hill, 4th Floor, Providence RI 02908. Completed forms may also be sent via email to collegebound@treasury.ri.gov.

If you have any questions or need assistance, please email collegebound@treasury.ri.gov.

								1																7
First Name																	_] [
								1																٦٢
Last Name																								
CollegeBound	Saver A	count	Numb	oer																				
Street Addres	SS ES																							
City																Sta] [Zip	Code] [_		
Email Address	S																							
Phone Numbe	[er				— [
Benefici	ary In	form	atio	on														 			 			_
	ary In	form	atio	on																				
First Name	ary In	form		on][
First Name Last Name ———————————————————————————————————	[on [[
Benefici First Name Last Name Birth Date (m)	- [[atio	on [[
First Name Last Name ——	- [[atio	on [[
First Name Last Name Birth Date (mi	- [[atio	on [[
First Name Last Name Birth Date (m) Adoption Date By signing I	- [[m/dd/yyy) - [] [e (mm/dd,	——————————————————————————————————————	- Caracteristics of the control of t] [outio	on to	m	y el	igibl	le Co	ollege	eBou	ınd S	aver	acco									
First Name Last Name — Birth Date (mi	- [] m/dd/yyyy e (mm/dd,	certif	- Caracteristics of the control of t] [outio	on to	m	y el	igibl	le Co	ollege	eBou	ınd S	aver	acco									





