CollegeBound Saver

CollegeBound Starter 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. Account Owner Information

[(m.i.)
[JeBound Saver Account Number	
	t Address	
	State Zip Code	
	Address	
[

Beneficiary Information

2.

First Name	
Last Name	
Birth Date (mm/dd/yyyy)	
Adoption Date (mm/dd/yyyy)	

By signing below, I certify that the information provided is true and complete. I authorize the Rhode Island Office of the General Treasurer to make a \$100 contribution to my eligible CollegeBound Saver account and send me information in the future. For additional information, please refer to the CollegeBound Starter Terms and Conditions.

SIGNATURE			
Signature of Account Owner			





State of Rhode Island Office of the General Treasurer



