







### 5. Systematic Reallocation Program (Optional)

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

- To participate in Systematic Reallocation, you must contribute at least \$5,000 or have a balance of at least \$5,000 in the Source Portfolio to one or more Target Portfolios on a pre-scheduled basis. The reallocation from the Source Portfolio must have a minimum of \$5,000 in assets to start the Systematic Reallocation.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Reallocation using money that is already invested in your account will count towards your twice per calendar year Investment Option change limit.
- Creating a Systematic Reallocation with new money contributed to your account will NOT count towards your twice per calendar year Investment Option change limit. To start a Systematic Reallocation using new money you must mail a contribution check with this completed form to CollegeBound Saver.
- 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 (3 months from the start date)

**Amount:** \$     ,    .     
 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)

\$     ,    .     
 Amount (minimum \$500)

Investment Option

\$     ,    .     
 Amount (minimum \$500)

Investment Option

\$     ,    .     
 Amount (minimum \$500)

Investment Option

#### Stop Type (Select one):

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

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

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

By completing this section and signing this form, I authorize the CollegeBound Saver to process the periodic reallocation as indicated. I understand that making changes to an established Systematic Reallocation Program will count towards my twice per calendar year Investment Option change limit.

**6. Systematic Withdrawal Program (SWP) (Optional)**

- Complete this section to establish periodic withdrawals from your CollegeBound Saver Account.
- SWPs can be established for Qualified Distributions only. We are required to file IRS Form 1099-Q annually for distributions taken from your CollegeBound Saver Account.
- You can have up to two SWPs on your Account.
- If the balance on the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

**Important:** Your distribution will be held if a contribution is not on deposit for seven business days, or nine business days if the address to which you have requested the distribution to be sent has changed. The distribution will be released when the specified waiting period has been satisfied. Your distribution will also be held if the banking information has not been on file for 15 calendar days.

**A. Activate the SWP for the CollegeBound Saver Account.**

**Frequency (Check one.):**  Monthly  Quarterly  Semi-Annually  Annually

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

**End Date (Optional):**    -   -      
Date (mm/dd/yyyy)

**Amount of withdrawal:** \$    ,    .     
Amount

\*The first systematic distribution will occur on the start date indicated if received within three business days of that date; otherwise, the systematic distribution will begin the following month. The distribution date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day.

**I authorize CollegeBound Saver to withdraw from the following Investment Option(s)**

Investment Option \$   ,    .     
Amount

Investment Option \$   ,    .     
Amount

Investment Option \$   ,    .     
Amount

**B. SWP Recipient.**

Account Owner (Address on record.)

Account Owner (Bank on file.)

Beneficiary (Address on record.)

Eligible college or university (Provide school address below.)

Name of School (Complete only if the distribution is to be sent directly to the school.)

Department / Office / Contact Name

Student ID

Mailing Address

City

State

-      
Zip Code

### 7. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound Saver Program Description as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize CollegeBound Saver or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 4**, I certify that I have authority to transact on the bank account so indicated.
- 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. If the Account is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have chosen the Recurring Contributions or EFT option, I authorize CollegeBound Saver 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 4**. I authorize the bank to accept any such credits or debits to my Account without responsibility 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 none of CollegeBound Saver, 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 and its affiliates, Invesco Advisers, Inc., Invesco Distributors, Inc. will 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 Saver and the bank by telephone or in writing, and that the termination request will be effective as soon as CollegeBound Saver 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 4**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)



State of Rhode Island  
Office of the General Treasurer  
Seth Magaziner



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