

4. Bank information

- Complete this section if you are adding a Recurring Contribution or EFT option to your Account or if you are changing your bank account information.
- 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 paperwork, 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

Name(s) on Bank Account

Bank Account Owner Name (first, middle initial, last)

Bank Account Owner Name (first, middle initial, last) (if applicable)

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

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: \$, . 0 0

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)

\$, . 0 0

Amount (minimum \$500)

Investment Option

\$, . 0 0

Amount (minimum \$500)

Investment Option

\$, . 0 0

Amount (minimum \$500)

Investment Option

Stop Type (Select one):

Stop Date: / - /

Date (mm/dd/yyyy)

When total amount of reallocation equals: \$, . 0 0

(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.

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



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