CollegeBound Saver

CollegeBound Saver Enrollment Form

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account certain personal information — including name, permanent U.S. 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.

- Open an Account at **www.collegeboundsaver.com** or complete this form to establish an Account.
- 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 address listed. Do not staple.
- Forms can be downloaded from our website at **www.collegeboundsaver.com**, or you can call us to order any form — or request assistance in completing this form — at **1.877.517.4829** any business day from 8 a.m. to 8 p.m. Eastern time.

1.877.517.4829
8 a.m. to 8 p.m. Eastern Time M-F

www.collegeboundsaver.com

Regular mailing address:
CollegeBound Saver
P.O. Box 55986
Boston, MA 02205-9714

Overnight mailing address:
CollegeBound Saver
95 Wells Ave, Suite 155
Newton, MA 02459-3204

1. Account type

- Select one of the Account types below.
- If you do not select an Account type, an individual Account will be opened for you.

☐ **Individual Account.** I am opening a new 529 plan Account.

☐ **UGMA/UTMA Account.** I am opening this 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, Custodian on an UGMA/UTMA or entity who owns and controls 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

Social Security Number 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.)*

Telephone Number *(In case we have a question about your Account.)*

Email Address

U.S. Permanent Street Address *(A P.O. box or rural route number is* ***not*** *acceptable.)*

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record and for all Account mailings.)*

City State Zip Code

☐ 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.

3. Beneficiary information *(The Beneficiary is the future student.)*

Relationship of Account Owner to Beneficiary

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

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 the Account Owner's, otherwise complete the following:

Mailing Address

City State Zip Code

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.
- You may revoke or change the Successor Account Owner at any time. See the CollegeBound Saver Program Description for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

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

Legal Name *(Last name)*

Birth Date *(mm/dd/yyyy)*

5. A. Registered Investment Advisor (RIA) Information

Only complete the information below if you want to add a RIA to your account.

Name of RIA *(first, middle initial, last)*

Firm Name *(if applicable)*

IARD Number

Mailing Address

City

State

Zip Code

Telephone Number

B. Authorization Level

I, the Account Owner listed in **Section 2**, appoint the RIA and their firm (as applicable) listed in **Section 5** to act on my behalf as indicated below *(please initial the appropriate level of access).*

Initial **Level 1 - Account Inquiry Access.** To obtain information about my Account(s); and receive duplicate Account statements from CollegeBound Saver.*

Initial **Level 2 - Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s); receive duplicate Account statements from CollegeBound Saver. To contribute money among Investment Options within each of the above-referenced Account(s).*

Initial **Level 3 - Account Inquiry Access, Contributions, Exchanges, and Withdrawals.** To obtain information about my Account(s); receive duplicate Account statements from CollegeBound Saver. To contribute money among Investment Options within each of the above-referenced Account(s). To make qualified distributions, now or in the future, from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. The RIA and their firm above shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new Account(s).

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE COLLEGEBOUND SAVER ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN SECTION 2 OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

SIGNATURE

Signature of RIA

Date *(mm/dd/yyyy)*

6. Investment Option selection

- Before choosing your Investment Option(s), see the CollegeBound Saver Program Description *(also available at **www.collegeboundsaver.com**)* for complete information about the investments offered.
- 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.
- Your investment percentages must total **100%.**

Age-Based Portfolios:

The Age-Based Option is designed to reallocate assets toward more conservative investments over time based on the expected date of college attendance of the Beneficiary. Your assets will be automatically invested in the Age-Based Portfolio that matches your Beneficiary's date of birth.

Age-Based Option	☐☐☐ %

Target Risk Portfolios:

The assets will remain in your selected option(s) until you update your Investment Option.

Conservative Growth Portfolio	☐☐☐ %
Moderate Growth Portfolio	☐☐☐ %
Growth Portfolio	☐☐☐ %

Individual Portfolios:

The assets will remain in your selected option(s) until you update your Investment Option.

Stable Value Portfolio	☐☐☐ %
Bond Portfolio	☐☐☐ %
Inflation Protected Bond Portfolio	☐☐☐ %
U.S. Stock Portfolio	☐☐☐ %
S&P 500 Portfolio	☐☐☐ %
U.S. Small-Mid Cap Portfolio	☐☐☐ %
International Stock Portfolio	☐☐☐ %
Global Responsible Equity Portfolio	☐☐☐ %
TOTAL	**1 0 0 %**

7. Contribution Method

- Your initial contribution can be in any amount and come from several sources combined. If you combine sources, check the appropriate box for each source and write the contribution amount for each.
- Contributions by any source of funds *(except payroll direct deposit)* will not be available for withdrawal for 7 business days.

Source of funds *(Check all that apply.)*

A. ☐ **Personal Check.**
Important: All checks must be payable to **CollegeBound Saver.**

$ ☐☐☐,☐☐☐.☐☐
Amount

B. ☐ **Rollover from another 529 plan, Education Savings Account (ESA), or Qualified U.S. Savings Bond to CollegeBound Saver.** By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover Form**, available online at **www.collegeboundsaver.com** or by calling **1.877.517.4829.**

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 Contribution.** 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 Contribution to occur. Money will be transferred electronically based on the frequency you select into your CollegeBound Saver Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.collegeboundsaver.com** or by calling **1.877.517.4829.** To add Recurring Contribution instructions or multiple bank accounts, complete and include **Sections 7D** and **7F** for each.

Important: To set up this option, you must provide bank information in **Section 7F.**

Amount of Debit: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $250 ☐ Other $ ☐,☐☐☐.00
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 Saver must receive instructions at least 3 business days prior to the indicated start date; 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. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: $ ☐,☐☐☐.00

Month:** ☐☐☐☐☐☐☐☐☐☐☐☐

**The month in which your Recurring Contribution will be increased. The first increase will happen at the first occurrence of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of CollegeBound Saver and will also count toward annual federal gift tax exclusion limits.

E. ☐ **Electronic Funds Transfer.** Through EFT, you can make a contribution 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 7F.** 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: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number ☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

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

Names on Bank Account

Bank Account Owner's 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 Saver 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 Saver Account until you have received a **Payroll Direct Deposit Confirmation Form** from CollegeBound Saver, provided your signature and Social Security number 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 Saver Accounts.

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

8. Systematic Reallocation *(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 out of which you are reallocating. By selecting this feature, you authorize CollegeBound Saver to reallocate money automatically from one Investment Option to another regularly. The minimum periodic exchange amount is $500.

  Note: If the Systematic Reallocation Program is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will NOT count toward your twice per calendar year Investment Change limit. However, if you make any changes to your Systematic Reallocation selections, that will count towards your twice per calendar year Investment Option change limit.

Frequency *(Check one.)*: ☐ Monthly ☐ Quarterly *(3 months from the start date)*

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.**

9. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I apply to open an Account in CollegeBound Saver and I hereby certify that:

- I have received and read this form and agree to the terms and conditions of the CollegeBound Saver 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 Saver Program Description and this form, and by any and all statutory, administrative and operating procedures that govern CollegeBound Saver. Except as set forth below, I understand that the CollegeBound Saver Program Description, and **Enrollment Form** and any subsequent forms signed by me constitute the entire agreement between me and CollegeBound Saver. No person is authorized to make an oral modification to this agreement.
- I understand investments in CollegeBound Saver are not guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency, 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 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. and their respective agents, employees and affiliates, *(collectively, "CollegeBound Saver Associated Persons")*, and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in CollegeBound Saver 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.
- If this new Account is being opened because a former Account Owner is deceased 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 the CollegeBound Saver 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 7F**. I authorize the bank to accept any such credits or debits to my Account without responsibility as to their correctness. I further agree that the CollegeBound Saver 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 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 7F**.
- By completing this **Section 8** and signing this form, I authorize CollegeBound Saver 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 Trust will not cause the aggregate balances in such Accounts to exceed the Maximum Account Balance *(as described in the CollegeBound Saver 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 and 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 Saver 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 Saver in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that CollegeBound Saver has the right to terminate the entity's participation in CollegeBound Saver if it has reasonable grounds to believe that any of the foregoing certifications are untrue.
- By signing below, I hereby acknowledge my appointment of the individual listed in Section 5 of this form as my Registered Investment Advisor (RIA). I acknowledge the authority granted herein may be terminated at the discretion of the Program Administrators. I acknowledge that the designated RIA has been empowered to act on my behalf, with respect to my Accounts in the CollegeBound Saver Plan, under a separate agreement with the firm listed in **Section 5** of this form. Such agreement authorizes my RIA to act on my behalf to the extent of the authorization level indicated in **Section 5** of this form. I acknowledge that the authority granted herein may be more limited than the authority granted to my RIA in such agreement with respect to the actions that can be taken on my Account.
- **I agree to the terms of the pre-dispute arbitration clause as described in the Arbitration section of the CollegeBound Saver Program Description.**

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

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