

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.*)



* R I D I R E C T E N R O L L *

5. 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.

CollegeBound Today Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2021-2022 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2023-2024 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2025-2026 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2027-2028 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2029-2030 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2031-2032 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2033-2034 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2035-2036 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2037-2038 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
CollegeBound 2039-2040 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Target Risk Portfolios:

Conservative Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Moderate Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Individual Portfolios:

Stable Value Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Bond Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Inflation Protected Bond Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Stock Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Equally-Weighted S&P 500 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Small-Mid Cap Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
International Stock Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Global Responsible Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

TOTAL

%

6. 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 calendar 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 6D** and **6F** for each.

Important: To set up this option, you must provide bank information in **Section 6F**.

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.

8. 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 6F**. I authorize the bank to accept any such credits or debits to my Account without responsibility as 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 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 6F**.
- By completing this **Section 7** 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.
- **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)

9. About yourself *(Optional)*

It's important that CollegeBound Saver meets the needs of Rhode Island residents. By supplying us with the following information, the State of Rhode Island Office of the General Treasurer can understand how the Plan is being used. Your individual information will not be shared with any other party and will only be seen by the Office of the General Treasurer and its service providers. Your information will not be used on an individual basis *(so your anonymity will be protected)*. Thank you!

How did you hear about CollegeBound Saver *(Select One.)*

- | | | | |
|--------------------------------------------|---------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Event | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Upromise Website | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Mailing | <input type="checkbox"/> Treasurer's Website | <input type="checkbox"/> Other |

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- | | | | |
|--------------------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school degree | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Masters degree | <input type="checkbox"/> Professional degree | <input type="checkbox"/> Doctorate degree |

Race *(Select One.)*

- | | | | |
|------------------------------------------|--------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | | |



State of Rhode Island
Office of the General Treasurer
Seth Magaziner



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