



## 2. Investment Option Change

- For each Investment Option you hold and wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the CollegeBound Saver Program Description, *available at [www.collegeboundsaver.com](http://www.collegeboundsaver.com)*, for complete information on the Investment Options you are considering.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option please indicate 100% next to the option. If you choose more than one Investment Option please indicate the percentage amount of the assets you would like to invest into each selected Option.

**Remember:** Federal law allows Account Owners to make two Investment Option changes each calendar year.

**Note:** This change applies only to the assets currently held in your Account; it will not affect the allocation of your future investments. If you would like to change how future contributions are invested, please complete **Section 3**.

Exchange FROM	Investment Option	Exchange TO
<p><i>All</i></p> <input type="checkbox"/>	<p><b>Age-Based Portfolios:</b></p> <p>Age-Based Option</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<p><i>Percentage</i></p> <input type="checkbox"/> <input type="checkbox"/> %		
<input type="checkbox"/>	<p><b>Target Risk Portfolios:</b></p> <p>Conservative Growth Portfolio</p> <p>Moderate Growth Portfolio</p> <p>Growth Portfolio</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	<p><b>Individual Portfolios:</b></p> <p>Stable Value Portfolio</p> <p>Bond Portfolio</p> <p>Inflation Protected Bond Portfolio</p> <p>U.S. Stock Portfolio</p> <p>S&amp;P 500 Portfolio</p> <p>U.S. Small-Mid Cap Portfolio</p> <p>International Stock Portfolio</p> <p>Global Responsible Equity Portfolio</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

### 3. Allocation instructions for future contributions

- If you have added additional Investment Options in **Section 2** please be sure that the allocations below reflect the correct Investment Options.
- Your future contributions will be invested in the Investment Options indicated below; it will not affect assets currently held in your Account.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option please indicate 100% next to the option. If you choose more than one Investment Option please indicate the percentage amount of the assets you would like to invest into each selected Option.

#### Age-Based Portfolios:

Age-Based Option    %

#### Target Risk Portfolios

Conservative Growth Portfolio    %

Moderate Growth Portfolio    %

Growth Portfolio    %

#### Individual Portfolios:

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**    %

**4. Signature—YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the CollegeBound Saver Program Description and understand the rules and regulations of CollegeBound Saver as they relate to this Investment Option Change/Future Contribution Allocation request.
- By signing below, I authorize CollegeBound Saver or its designees to change my Investment Options and/or my allocations for future contributions according to the instructions above.
- 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 in question, and that the request is in the best interest of the Beneficiary.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)



State of Rhode Island  
Office of the General Treasurer  
Seth Magaziner

