

7 Signature— YOU MUST SIGN BELOW (However, if you are changing your name or transferring ownership of your Account(s) to a new Account Owner, skip this section and complete **Section 8** instead.)

- 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 governing CollegeBound Saver as they relate to this information change request.
- By signing below, I authorize CollegeBound Saver or its designee to change my account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to CollegeBound Saver's verifications of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- If the Account is owned by an entity or trust, I certify that I am the Parent/Guardian/Custodian of the Account.

SIGNATURE
Signature of Account Owner

□□ — □□ — □□□□
Date (mm/dd/yyyy)

8 Medallion Signature Guarantee— REQUIRED FOR NAME CHANGES AND CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the CollegeBound Saver Program Description.

SIGNATURE
Former Signature of Account Owner (For name change only.)

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Authorized Officer to place stamp here



State of Rhode Island
Office of the General Treasurer
Seth Magaziner

