


# CollegeBound Saver Account Information Change Form

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

**CollegeBound Saver**  
95 Wells Ave, Suite 155  
Newton, MA 02459-3204

\* R I D I R E C T A C C T I N E O C H G \*

### 3 Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your CollegeBound Saver Account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name or your former signature and your new signature must be Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.

**Note:** Changing the address on your account will place a nine business day hold on any Distribution(s) you may request. The funds will be released once the hold time has been met.

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

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

Email Address

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

### 4 Transfer assets to a new Account Owner

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 8**.
- The new Account Owner will control the Account and the disposition of all assets held in the Account.
- The new Account Owner must also complete an **Enrollment Form if the new Account Owner does not have an Account on file**.

**Important:** You cannot change the Custodian for an UGMA/UTMA Account.

Account Number (If applicable)

Name of New Account Owner (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (**Required**)

Birth Date/Trust Date (mm/dd/yyyy) (**Required**)

## 5

- The person you designate as Successor Account Owner **must be at least 18 years old.**

**Check one.**

☐ Add      ☐ Change      ☐ Delete

[illegible]

Name of Successor Account Owner (first, middle initial, last)

$$\square\square - \square\square - \square\square\square\square$$

Birth Date (mm/dd/yyyy) **(Required)**

## 6

Complete this section if you want to add an individual as an interested party to the Account. An interested party will be able to call CollegeBound Saver, receive information verbally about the Account and receive quarterly statements. An interested party will not be allowed to make changes to the Account or request transactions. You can also use this section to replace or change existing interested party information on your Account. To add or change information for more than one interested party, use a separate sheet.

**Check one.**

☐ Add ☐ Replace interested party ☐ Change current information ☐ Delete

[illegible]

Name (first, middle initial, last)

[illegible]

Mailing Address

[illegible]

City

11/11

State

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}$$

Zip Code

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

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

**Relationship to Account Owner.**

☐ Parent/Guardian      ☐ Investment Advisor      ☐ Compliance      ☐ Other

**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**



**James A. Diossa**  
Rhode Island General Treasurer