## CollegeBound Saver

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## **Payroll Direct Deposit Form**

- Use this form to start, change, or stop payroll direct deposit instructions
  on your existing CollegeBound Saver Account(s). You may also provide your
  payroll direct deposit instructions when you log on to our website at
  www.collegeboundsaver.com. (If you have not established an Account,
  you must also complete and enclose an Enrollment Form.)
- After this form is processed, you will receive a Payroll Direct Deposit
   Confirmation Form, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has processed your signed form.
- 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.

K	www.collegeboundsaver.com			
	8 a.m. to 8 p.m. Eastern Time M-F			

Regular mailing address:

1 077 517 /020

CollegeBound Saver P.O. Box 55986 Boston, MA 02205-9714

Overnight mailing address:

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

Ad	count Owner information
Acc	ount Number
Nar	me of Account Owner (first, middle initial, last)
	phone Number (In case we have a question about your Account.)  nployer information
	ne of Employer
Ado	lress
City	State Zip Code
Pay	roll Department Contact Name  Telephone Number  Extension (if any)



## 3. Payroll Direct Deposit instructions

Check one:	Start Payroll Direct Deposits	Change Amount	Stop Payroll Direct Deposits (Skip to <b>Section 4</b> )				
Deduct \$, from my paycheck each pay period and allocate the amount among my CollegeBound Saver Account(s) as detailed below.							
Important: Please use an additional sheet if you have more than four Accounts.							
Account Number			\$,				
Name of Beneficiary	y (first, middle initial, last)						
Account Number			\$,, 0 0				
Name of Beneficiary	y (first, middle initial, last)						
Account Number			\$,				
Name of Beneficiary	y (first, middle initial, last)						
Account Number			\$,, 0 0				
Name of Beneficiary	y (first, middle initial, last)						
Signature —	-YOU MUST SIGN BELOW						
I certify that I have read and 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. Further, I understand that neither CollegeBound Saver, the State of Rhode Island, Office of the General Treasurer of the State of Rhode Island, the Rhode Island Investment Commission, Ascensus College Savings Recordkeeping Services, Invesco Distributor, Inc., or their agents or affiliates are not responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.							
SIGNATUR							
Signature of Accour	nt Uwner		Date (mm/dd/yyyy)				



