


CollegeBound Saver

CollegeBound Saver 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.

 **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 Owner information

Account Number

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

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

2. Employer information

Name of Employer

Address

City

State

Zip Code

Payroll 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 Section 4)

Deduct \$,.00 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

\$,.00
Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—
Account Number

\$,.00
Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—
Account Number

\$,.00
Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—
Account Number

\$,.00
Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

4. 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.

SIGNATURE _____

Signature of Account Owner

— —

Date (mm/dd/yyyy)



State of Rhode Island
Office of the General Treasurer
Seth Magaziner

