CollegeBound Saver

Registered Investment Advisor Authorization

CollegeBound Saver

- Complete this form to designate or change a Registered Investment Advisor (RIA) on your CollegeBound Saver Account(s).
- You may designate only one level of authorization.
- 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 n m Fastern
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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

Account Owner Information	
Social Security Number	
Account Number(s) (List all accounts to which this Registered Investment Advisor Author	vrization will apply. To list more than six Accounts, use a separate sheet.).
Name of Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	



Signature of RIA

2. Registered Investment Advisor (RIA) Information

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Date (mm/dd/yyyy)

DO NOT STAPLE

4. Signature — YOU MUST SIGN BELOW

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE MY APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY REGISTERED INVESTMENT ADVISOR (RIA). I ACKNOWLEDGE THE AUTHORITY GRANTED HEREIN MAY BE TERMINATED AT THE DISCRETION OF THE PROGRAM ADMINISTRATORS. I ACKNOWLEDGE THAT THE DESIGNATED RIA HAS BEEN EMPOWERED TO ACT ON MY BEHALF, WITH RESPECT TO MY ACCOUNTS IN THE COLLEGEBOUND SAVER PLAN, UNDER A SEPARATE AGREEMENT WITH THE FIRM LISTED IN SECTION 2 OF THIS FORM. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. I ACKNOWLEDGE THAT THE AUTHORITY GRANTED HEREIN MAY BE MORE LIMITED THAN THE AUTHORITY GRANTED TO MY RIA IN SUCH AGREEMENT WITH RESPECT TO THE ACTIONS THAT CAN BE TAKEN ON MY ACCOUNT.

I certify that I have read and understand, consent, and agree to all Participation Agreement and understand the rules and regulations			
SIGNATURE			
Signature of Account Owner			Date (mm/dd/yyyy)
Your signature must be notarized. See below.			
Before me, a Notary in and for County		,	this document was
,	by	State	who certifies the
Full Date	, -	Current Acco	count Participant
correctness of the signature above.			
SIGNATURE Signature of Notary			Date (mm-dd-yyyy)
Name of Notary (first, middle initial, last)			
My commission expires:			Notary to place seal here
Date (mm-dd-yyyy)			
			Applies to signature in Section 4 .



