DO NOT STAPLE

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 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

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Social Security Number

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Account Number(s) *(List all accounts to which this Registered Investment Advisor Authorization will apply. To list more than six Accounts, use a separate sheet.).*

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

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

RI DIR RIA AUTHORIZATION

2. Registered Investment Advisor (RIA) Information

Note: If your RIA is a corporation or other entity, the entity must also complete and submit a CollegeBound Saver **Organization Resolution Form**.

Complete the information below if you want to add a RIA to your Account or replace the existing RIA on your Account.

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

Firm Name *(if applicable)*

IARD Number

Mailing Address

City | State | Zip Code

Telephone Number

3. Authorization Level

I, the Account Owner listed in **Section 1**, appoint the RIA and their firm (as applicable) listed in **Section 2** to act on my behalf as indicated below *(please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**)*.

Note: If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.

Initial **Level 1 — Account Inquiry Access**. To obtain information about my Account(s); and receive duplicate Account statements from CollegeBound Saver.*

Initial **Level 2 — Account Inquiry Access, Contributions, and Exchanges**. To obtain information about my Account(s); receive duplicate Account statements from CollegeBound Saver. To contribute money among Investment Options within each of the above-referenced Account(s).*

Initial **Level 3 — Account Inquiry Access, Contributions, Exchanges, and Withdrawals**. To obtain information about my Account(s); receive duplicate Account statements from CollegeBound Saver. To contribute money among Investment Options within each of the above-referenced Account(s). To make qualified distributions, now or in the future, from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. The RIA and their firm above shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new Account(s).

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON COLLEGEBOUND SAVER ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 1** OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE. I ACKNOWLEDGE THE AUTHORITY GRANTED HEREIN MAY BE TERMINATED AT THE DISCRETION OF THE PROGRAM ADMINISTRATORS.

SIGNATURE

Signature of RIA

Date *(mm/dd/yyyy)*

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 the terms and conditions of the Program Description and Participation Agreement and understand the rules and regulations governing CollegeBound Saver.

SIGNATURE

Signature of Account Owner

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Date *(mm/dd/yyyy)*

Your signature must be notarized. See below.

Before me, a Notary in and for _____ (County), _____ (State) this document was acknowledged before me on _____ (Full Date), by _____ (Current Account Participant) who certifies the correctness of the signature above.

SIGNATURE

Signature of Notary

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Date *(mm-dd-yyyy)*

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

My commission expires:

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm-dd-yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**