**COLLEGEBOUND SAVER FRONTLINE HEROES FUND CERTIFICATION**

Please complete this certification on behalf of a Beneficiary whose parent or legal guardian passed away due to COVID-19 while employed as a Frontline Worker (as defined in the Program Terms and Conditions).

**Account Owner:**

**Beneficiary:**

**Beneficiary Date of Birth:**

**Deceased Parent/Legal Guardian:**

**Employer and Job Title (Deceased Parent/Legal Guardian):**

**Dates of Employment (Deceased Parent/Legal Guardian):**

**Date of Death (Deceased Parent/Legal Guardian):**

By signing below:

* I certify that I have read and accept the Program Terms and Conditions.
* I certify that I am opening, or currently own, a CollegeBound Saver account on behalf of a Beneficiary whose parent or legal guardian passed away due to Covid-19 while employed as a Frontline Worker.
* I certify that the Beneficiary’s parent or legal guardian was a Rhode Island resident at the time of their death.
* I acknowledge that CollegeBound Saver reserves the right to verify all information provided prior to opening and/or making a contribution to a Beneficiary’s account and agree to cooperate with any additional inquiry made by CollegeBound Saver.
* I certify that the above information is true and accurate and may be relied upon by CollegeBound Saver.

