



Account Update Form

Return this Form to:

NEST Advisor 529
P.O. Box 84529
Lincoln, NE 68501-3529

Overnight Mail:

NEST Advisor 529
3606 South 48th Street
Lincoln, NE 68506

If you have questions, please call us at **888.659.6378**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

1. Current Account Information

Account Number(s): _____

Account Owner Name (First, M.I., Last): _____

Mobile Phone Number: _____

Secondary Phone Number: _____

Name of Beneficiary (First, M.I., Last): _____

2. Update Account Owner or Beneficiary Name

These changes apply to the:

- Account Owner**
- Beneficiary**

Former Name (First, M.I., Last): _____

New Name (First, M.I., Last): _____

Reason for change:

- Marriage (attach copy of marriage certificate)**
- Divorce (attach copy of divorce decree)**
- Other (please specify and attach a copy of applicable legal documentation):** _____

3. Update Account Owner or Beneficiary Contact Information

These changes apply to the:

- Account Owner**
- Beneficiary**

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Mobile Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

4.

eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, confirmations, tax forms, supplements, compliance materials, plan news and updates via electronic delivery.

IMPORTANT: You will receive a confirmation email from the NEST Advisor College Savings Plan that will enable you to complete the eDelivery sign up and selection process.

I request that email notifications be sent to the following email address:

I consent to the delivery of documents that are governed under the NEST Advisor College Savings Plan Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from the NEST Advisor College Savings Plan. The email will include a link to the NEST Advisor College Savings Plan secure site, where the document(s) can be viewed and downloaded.

I acknowledge that I have Internet access, an email address, and all software necessary to receive and review documents electronically.

You may revoke this election at any time by contacting the NEST Advisor College Savings Plan or logging into your Account and requesting paper delivery.

5.

Authorization

By signing below, I certify that I am the Account Owner of the Account(s) indicated on this form and that the information contained herein is true, complete, and correct.

Signature and Date Required	
X _____	_____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date

Print Name Here	

Title (if other than an individual)	



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC.