



Successor Account Owner Add or Change 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. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account(s) in the event that you die or become legally incompetent.

Remove the current Successor Account Owner without designating a new Successor Account Owner

Add a new Successor Account Owner

Successor Account Owner Name (First, Middle, Last): _____

Successor Account Owner Date of Birth (MM/DD/YYYY): _____

Successor Account Owner City, State: _____

3. 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. **This designation will replace the Successor Account Owner currently named on the Account(s).**

| 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) | |

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