



# Trusted Contact Person Designation Form

**Return this Form to:**

NEST Advisor 529  
P.O. Box 84529  
Lincoln, NE 68501-4529

**Overnight Mail:**

NEST Advisor 529  
3606 South 48<sup>th</sup> 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).

- Use this form to designate a person (who is at least 18 years old) as your Trusted Contact Person. The NEST Advisor College Savings Plan may contact your Trusted Contact Person and use them as a resource if we lose contact with you or believe your Account assets are at risk.
- **Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**

## 1. Account Owner Information

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

Account Number(s): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

## 2. Action for Trusted Contact Person

- Add the person identified in Section 3 as Trusted Contact Person
- Remove \_\_\_\_\_ as a Trusted Contact Person
- Replace the following Trusted Contact Person with the Trusted Contact Person identified in Section 3:  
\_\_\_\_\_

## 3. Trusted Contact Person Information

Name of Trusted Contact Person (First, M.I., Last): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Relationship to Account Owner**

- Advisor    Attorney    Family Member    Friend    Spouse    Other



## Authorization

**By signing below, I hereby certify that:**

I authorize the NEST Advisor College Savings Plan (the "Plan") and its service providers to take actions indicated in Section 2 of this form. I further authorize the Plan and its present and future direct and indirect affiliates, successors, assigns, custodians, trustees and any service providers to disclose information to a Trusted Contact Person about my Plan Account(s) in the following circumstances: to address possible financial exploitation; to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults) or other applicable law or regulation. I certify that the Trusted Contact Person is at least eighteen (18) years of age. This form does not create or give your Trusted Contact Person a power of attorney.

### Signature and Date Required

X \_\_\_\_\_

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

Date



**UBT**  
**Union Bank & Trust**  
 Program Manager

**Northern Trust**  
**Securities, Inc.**  
 Distributor

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.