



Beneficiary Change Form

Return this Form to:

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

Overnight Mail:

NEST Advisor 529
1248 O Street, Suite 200
Lincoln, NE 68508

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: _____
Account Owner Name (First, M.I., Last): _____
Mobile Phone Number: _____
Secondary Phone Number: _____
Name of Beneficiary (First, M.I., Last): _____

2. New Beneficiary

Legal Name (First, M.I., Last): _____
Social Security Number or Taxpayer Identification Number: _____
Date of Birth (MM/DD/YYYY): _____
Country of Citizenship: _____
Street Address (no P.O. Boxes): _____
City, State, Zip: _____
New Beneficiary's Relationship to Current Beneficiary: _____

Check this box if the new Beneficiary is not a "Member of the Family" of the current Beneficiary.

As the Account Owner, you may change the Beneficiary at any time without adverse tax consequences if the new Beneficiary is a Member of the Family of the current Beneficiary. If the new Beneficiary is not a Member of the Family of the current Beneficiary, the change is treated as a non-qualified withdrawal and will be subject to federal and state income taxes and a 10% federal penalty tax.

Member of the Family—IRS Publication 970 provides the following definition:

Members of the beneficiary's family. For these purposes, the beneficiary's family includes the beneficiary's spouse and the following other relatives of the beneficiary.

1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
2. Brother, sister, stepbrother, or stepsister
3. Father or mother or ancestor of either
4. Stepfather or stepmother
5. Son or daughter of a brother or sister
6. Brother or sister of father or mother
7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
8. The spouse of any individual listed above
9. First cousin

3. Investment Option Selection

Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.

- No change to current investment selections.** If you are currently invested in an Age-Based Investment Option and the new Beneficiary is in a different age-band than the current Beneficiary, the Account will be invested in the age-band of the new Beneficiary.
- I want to change the investment selection as follows:** (Must total 100%, only whole percentages allowed.)

Age-Based Investment Options (Age-Based Investment Options automatically adjust as the Beneficiary gets older.)

- _____ % Age-Based Aggressive
- _____ % Age-Based Moderate
- _____ % Age-Based Index Conservative

Static Investment Options

- _____ % All Equity Static
- _____ % Growth Static
- _____ % Balanced Static
- _____ % Conservative Static
- _____ % Bank Savings Static

Individual Fund Investment Options

Money Market

- _____ % State Street U.S. Government Money Market 529

Fixed Income

- _____ % Vanguard Short-Term Inflation-Protected Securities ETF 529
- _____ % Vanguard Short-Term Bond ETF 529
- _____ % Fidelity U.S. Bond Index 529
- _____ % PGIM Total Return Bond 529
- _____ % MetWest Total Return Bond 529
- _____ % DFA World ex-U.S. Government Fixed Income 529

Domestic (U.S.) Equity

- _____ % American Funds The Income Fund of America® 529
- _____ % State Street S&P 500® Index 529
- _____ % Vanguard Total Stock Market ETF 529
- _____ % Dodge & Cox Stock 529
- _____ % SPDR S&P Dividend ETF 529
- _____ % T. Rowe Price Large-Cap Growth 529
- _____ % Vanguard Extended Market ETF 529
- _____ % Northern Small Cap Value 529
- _____ % Vanguard Explorer 529

Non-U.S. Equity

- _____ % Fidelity Total International Index 529
- _____ % Vanguard FTSE Emerging Markets ETF 529

Real Estate

- _____ % Vanguard Real Estate ETF 529

Above percentages = 100%

4. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct. **This designation will replace the Beneficiary currently named on the Account.** Any automatic investment plans currently in place for the current Beneficiary, will continue to be made for the new Beneficiary unless the Account Owner changes the election.

If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 2. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Plan if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

I acknowledge that if the new Beneficiary is not a member of the family of the old Beneficiary, adverse tax consequences can result.

I acknowledge that except for any investments in the Bank Savings Static Investment Option up to the limit provided by Federal Deposit Insurance Corporation ("FDIC") insurance, neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Trust, the Plan, any other state, any agency or instrumentality thereof, Northern Trust Securities, Inc., Union Bank and Trust Company, the FDIC, or any other entity. Investment returns are not guaranteed. Account Owners assume all investment risk, including the potential loss of principal.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this Enrollment Form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

Signature and Date Required

X

Signature of Account Owner or Trustee

Date

Print Name Here

Title (if other than an individual)



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.