NEST 529 ADVISOR PLAN

Investment Change Form

Complete this form to Change Investment Options

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 6 p.m. (CT).

1. Account Information

Account Number: ______________________________

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

Mobile Phone Number: ______________________________

Beneficiary Name (First, M.I., Last): ______________________________

Beneficiary Date of Birth (MM/DD/YYYY): ______________________________

2. Investment Option Selection

Must total 100%, only whole percentages allowed.

Your account balance of all fee structures (if applicable) and future contributions will be invested based on your following selection, unless directed otherwise. **NOTE:** You can only change your investments twice per calendar year or whenever you change the designated Beneficiary.

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 Equity 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

International Equity

______% Fidelity Total International index 529

______% Vanguard FTSE Emerging Markets ETF 529

Real Estate

______% Vanguard Real Estate ETF 529

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Above percentages = 100%

3. Authorization

I hereby authorize and direct the change of Investment Option(s) to the investments I selected in Section 2. **I acknowledge that my total Account balance of all fee structures (if applicable) AND all future contributions will be invested in the Investment Option(s) selected above.** I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

I acknowledge, except for any investments made by an Account Owner in the Bank Savings Underlying Investment 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 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, Custodian (UGMA/UTMA Accounts), or Trustee   Date

____

Print Name Here

____

Title (if other than an individual)

Union Bank & Trust
Program Manager

Northern Trust Securities, Inc.
Distributor