



Fund Transfer Form

Use this Form to Transfer Funds between NEST Advisor College Savings Plan Accounts for different Beneficiaries.

Return this Form to:

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

Overnight Mail:

NEST Advisor 529
3560 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. Account Owner Information

Name (First, M.I., Last): _____
 Date of Birth (MM/DD/YYYY): _____
 Mobile Phone Number: _____
 Secondary Phone Number: _____

2. Transfer Funds Between NEST Advisor College Savings Plan Accounts

Transfer Funds From:

Account Number: _____
 Beneficiary Name: _____

Amount to Transfer (check one)

Partial Transfer:

529 Investment Option	Fee Structures (select one)	Dollar Amount OR Percent	
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%

Entire Balance
 Entire Balance and Close Account

Transfer Funds To:

Account Number: _____
 Beneficiary Name: _____

529 Investment Option	Fee Structures (select one)	Dollar Amount OR Percent (must equal 100%)	
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%
	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> C1 <input type="checkbox"/> F	\$	%

**Transfers can only be invested in an Account’s existing fee structure. If you have questions regarding fee structures, please contact your financial advisor for assistance.

- **Important:** The Beneficiaries named on the two above-referenced Accounts must be members of the same family or this form cannot be used. See the Program Disclosure Statement for the definition of “Member of the Family.” Instead, the transfer will be considered a non-qualified withdrawal. The earnings portion of a non-qualified withdrawal is subject to federal and state income taxes, a 10% federal penalty tax and potential recapture of a previously claimed Nebraska state income tax deduction.

Relationship between Beneficiaries on the Accounts

(i.e., brother, sister, first cousin, etc.): _____

3. Authorization

By signing below, I certify that I am the Account Owner of the Accounts indicated on this form and that the information contained herein is true, complete, and correct. I further certify that I have read the Program Disclosure Statement and understand the rules governing non-qualified withdrawals.

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)



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.