



## 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  
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 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.

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

<b>X</b>	_____	_____
	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.