



Meadowlark Program Opt Out Request Form

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).

Use this form to permanently remove your child from the Meadowlark Program. Please remember that this election is permanent, and your child is no longer eligible to participate in the future.

Parent/Guardian Name (First, M.I., Last): _____

Child’s Legal Name (First, M.I., Last): _____

Birth Certificate State File Number: _____

Date of Child’s Birth (MM/DD/YYYY): _____

Parent/Guardian Street Address: _____

Address Line 2: _____

City, State, Zip: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

I do not wish to have my child participate in the Meadowlark Program which provides my child with a \$50 seed contribution into a Trust-owned college savings account. By completing this Opt-Out Form, I acknowledge that this account will be closed, my child’s name will be removed from the active account list and my child will be ineligible to participate in the Meadowlark Program at any time in the future. The decision to opt-out is irrevocable and should be considered carefully. Consultation with your own independent legal and financial advisors is encouraged. I represent that I, with the approval and consent of all other persons having legal custody of my child, have made this voluntary opt-out election, and that said election shall be binding on my child, and all of my child’s parents and/or legal guardians.

Signature and Date Required

X	_____	
	Signature	Date

	Relationship to Child	



UBT
Union Bank & Trust
Program Manager

Northern Trust Securities, Inc.
Distributor

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