



Enrollment Form

Complete this form with your
Financial Advisor to open a
Bright Directions Account.

Return this Form to:

Bright Directions College
Savings Program
P.O. Box 82623
Lincoln, NE 68501

Overnight Mail:

Bright Directions College
Savings Program
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **866.722.7283**,
Monday–Friday, 7 a.m. to 7 p.m. (Central).

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

1. Account Type and Owner Information (Please check only one and complete the appropriate information.)

☐ Individual Account

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

Account Owner Social Security Number or Taxpayer Identification Number: _____

Account Owner Date of Birth (MM/DD/YYYY): _____ Gender: ☐ Male ☐ Female

☐ UGMA/UTMA Account

UGMA/UTMA Custodian Name: _____

UGMA/UTMA Custodian Social Security Number or Taxpayer Identification Number: _____

UGMA/UTMA Custodian Date of Birth (MM/DD/YYYY): _____ Gender: ☐ Male ☐ Female

☐ Trust-Owned Account

- Attach copy of Trust Agreement

Name of Trust: _____

Trust Tax ID Number: _____ Date of Trust: _____

Name(s) of Trustee(s): _____

Social Security or Taxpayer Identification Number(s) of Trustee(s): _____

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

☐ Corporate, 501(c)(3), or other Entity-Owned Account

- Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization.

☐ Corporation ☐ 501(c)(3) ☐ Other (Please Specify): _____

Name of Corporation, 501(c)(3), or Other Entity: _____

Entity Taxpayer Identification Number: _____

Name of Authorized Representative: _____

Social Security or Taxpayer Identification Number of Authorized Representative: _____

Date of Birth of Authorized Representative (MM/DD/YYYY): _____

2. Account Holder from Section 1 Address and Contact Information

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Daytime Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

3. Beneficiary Information (The future student or the name of the beneficiary of the UGMA/UTMA)

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

Social Security or Taxpayer Identification Number: _____

Date of Birth (MM/DD/YYYY): _____ Gender: ☐ Male ☐ Female

☐ Please check this box if the Beneficiary's address is the same as the Account Holder's.
If so, you do not need to complete the address line below.

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

4. Successor Account Owner (Not permitted for UGMA/UTMA Accounts or Trust Accounts)

- You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.

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

Social Security or Taxpayer Identification Number: _____

Date of Birth (MM/DD/YYYY): _____

5. Investment Professional (Broker/Dealer or Other Financial Advisor Firm)

Investment Professional Name: _____ Rep. Number: _____

Investment Professional Email Address: _____ Daytime Phone: _____

Firm Name: _____ Branch Number: _____

Branch Address: _____

City, State, Zip: _____

Name of Broker/Dealer Firm: _____

BIN Number: _____ Matrix Level: _____

6. Fee Structure (Please select one Fee Structure per account)

☐ **Fee Structure A:**

☐ **Fee Structure C:**

☐ **Fee Structure E:**

For employers with 25 or more employees. I certify that the below referenced company or agency employs 25 or more employees and qualifies for Fee Structure E and has completed and returned to Bright Directions the Fee Structure E Employer Authorization Form.

Company Name: _____ Company Phone Number: _____

☐ **Fee Structure F:**

Available to Account Owners who establish an Account through a Registered Investment Advisor who has a selling agent agreement with Bright Directions.

☐ **Fee Structure A–Sales Charge Waiver** (If you've checked this box, select one option below):

☐ **Registered Representatives and other employees.** I certify that I am an employee, or associated person, or a member of their "immediate family" (spouse, minor child, mother, father) of a selling institution that has entered into a selling agent agreement to sell interests in the Bright Directions College Savings Program.

☐ Purchases for customers of selling institutions that have entered into a selling agent agreement to sell interests in the Program and have requested and received a waiver of the initial sales charge. Certain selling institutions have decided not to participate in all waivers. Check with your representative to see if your financial advisory firm makes a particular waiver available to its customers before initiating the purchase or rollover. To receive an initial sales charge waiver under Fee Structure A, you or your financial advisor must notify the Program Manager that you qualify for such a waiver at the time you make a Contribution.

7. Reduced Sales Charge (Please see the Bright Directions Program Disclosure Statement for complete details and breakpoint schedule.)

Letter of Intent

A Letter of Intent is an investor's statement in writing to the Program Distributor of his or her intention to purchase a specified value of Class A and Class C Units in all of his or her Accounts in the Program during a 13-month period. The Letter permits certain Account Owners to reduce the sales charge rate that applies to their purchase of Class A Units if they purchase Class A or Class C shares of the Program. You can obtain this form by calling 866.722.7283.

Rights of Accumulation

A Rights of Accumulation permits certain Account Owners to combine the value of assets in their Accounts within the Program (regardless of the Unit Class selected) to reduce the initial sales charge applicable to the purchase of Class A Units.

Provide the account numbers eligible for reduced sales charges in the space provided below.

Account Number

Account Number

Account Number

Account Number

8. Investment Portfolio Selection Check only one box: A, B, or C.

☐ **A. Age-Based Portfolios** (If you've checked box A, **select one** of the following)

- ☐ Aggressive Portfolio ☐ Moderate Portfolio ☐ Conservative Portfolio
☐ Index Age-Based Moderate Portfolio (available in Fee Structure A, C & F)

☐ **B. Target Portfolios** (If you've checked box B, **select one** of the following)

- ☐ Fund 100 ☐ Fund 80 ☐ Fund 60 ☐ Fund 40 ☐ Fund 20 ☐ Fund 10 ☐ Fixed Income Fund

☐ **C. Individual Fund Portfolios** (If you've checked box C, **select any** of the following [must total 100%, only whole percentages allowed])

Bank Savings

_____ % Bank Savings 529 Portfolio

Money Market

_____ % Invesco Government & Agency 529 Portfolio

Fixed Income

_____ % Fidelity Short-Term Bond Index 529 Portfolio

_____ % Baird Short-Term Bond 529 Portfolio

_____ % Fidelity U.S. Bond Index 529 Portfolio

_____ % PGIM Core Bond 529 Portfolio

_____ % American Beacon Garcia Hamilton Quality
Bond 529 Portfolio

_____ % iShares 0-5 Year TIPS Bond ETF 529 Portfolio

_____ % BlackRock Inflation Protected Bond 529 Portfolio

_____ % BlackRock High Yield Bond 529 Portfolio

_____ % Credit Suisse Floating Rate High Income
529 Portfolio

_____ % AB Global Bond 529 Portfolio

_____ % Payden Emerging Markets Bond 529 Portfolio

International Equity

_____ % Dodge & Cox International Stock 529 Portfolio

_____ % Northern International Equity Index 529 Portfolio

_____ % Invesco Oppenheimer International Growth
529 Portfolio

_____ % DFA International Small Company 529 Portfolio

_____ % BlackRock Emerging Markets 529 Portfolio

Balanced

_____ % T. Rowe Price Balanced 529 Portfolio

Domestic (U.S.) Equity

_____ % MFS Value 529 Portfolio

_____ % T. Rowe Price Equity Income 529 Portfolio

_____ % American Century Value 529 Portfolio

_____ % Northern Stock Index 529 Portfolio

_____ % Sit Dividend Growth 529 Portfolio

_____ % American Century Growth 529 Portfolio

_____ % T. Rowe Price Large-Cap Growth 529 Portfolio

_____ % T. Rowe Price Extended Equity Market Index
529 Portfolio

_____ % BlackRock Mid-Cap Growth Equity 529 Portfolio

_____ % Ariel Fund 529 Portfolio

_____ % Northern Small Cap Value 529 Portfolio

_____ % Northern Small Cap Index 529 Portfolio

_____ % Delaware Small Cap Core 529 Portfolio

_____ % Harbor Small Cap Growth 529 Portfolio

ESG/Sustainable Investing

_____ % Calvert Equity 529 Portfolio

Real Estate

_____ % DFA Real Estate Securities 529 Portfolio

_____ % Principal Global Real Estate Securities 529 Portfolio

Global Infrastructure

_____ % Virtus Duff & Phelps Global Infrastructure
529 Portfolio

8. Investment Portfolio Selection (continued from previous page)

If you've checked box C, the following Portfolios are available in Fee Structure F Accounts ONLY:

- | | |
|---|--|
| _____ % Vanguard Short-Term Bond Index ETF 529 Portfolio | _____ % Vanguard Mid-Cap Value Index ETF 529 Portfolio |
| _____ % Vanguard Total Bond Market Index ETF 529 Portfolio | _____ % Vanguard Mid-Cap Index ETF 529 Portfolio |
| _____ % Vanguard Real Estate Index ETF 529 Portfolio | _____ % Vanguard Mid-Cap Growth Index ETF 529 Portfolio |
| _____ % Vanguard Global ex-U.S. Real Estate Index ETF 529 Portfolio | _____ % Vanguard Small-Cap Value Index ETF 529 Portfolio |
| _____ % Vanguard Mega Cap Value Index ETF 529 Portfolio | _____ % Vanguard Small-Cap Index ETF 529 Portfolio |
| _____ % Vanguard Mega Cap Index ETF 529 Portfolio | _____ % Vanguard Small-Cap Growth Index ETF 529 Portfolio |
| _____ % Vanguard Mega Cap Growth Index ETF 529 Portfolio | _____ % Vanguard FTSE Developed Markets Index ETF 529 Portfolio |
| | _____ % Vanguard FTSE Emerging Markets Stock Index ETF 529 Portfolio |

9. Funding Method(s) (Check all that apply.)

☐ **Check** (payable to Bright Directions College Savings Program) \$ _____

☐ **One-Time Electronic Funds Transfer** from your bank account \$ _____
This amount will be your initial contribution to open your account. Please provide your bank information in Section 10.

☐ **Automatic Investment Plan** \$ _____

- This authorizes automatic investments from your bank account. Please provide your bank information in Section 10 below.

Frequency:

☐ Monthly (Date) _____

(If you do not provide a date, the transfer will occur on the 17th of each month.)

☐ Twice a Month (Dates) _____ & _____

(If you do not provide dates, the transfers will occur on the 7th and the 21st of each month.)

☐ Quarterly (Day of Month): _____

☐ Jan., Apr., Jul., Oct.

☐ Feb., May, Aug., Nov.

☐ Mar., Jun., Sep., Dec.

☐ Annually (MM/DD) _____

☐ **Payroll Deduction.** Complete the Payroll Deduction Form and return with this Enrollment Form.

☐ **Deposit of UGMA/UTMA Custodial Assets.** I am funding this custodial 529 Account with the proceeds from the sale of assets held in a custodial account that was established under a Uniform Gift/Transfer to Minors Act (UGMA/UTMA) for the benefit of the Beneficiary named in Section 3 of this Enrollment Form. I have read the Program Disclosure Statement and Participation Agreement and understand that I will be considered the custodian of this Account as UGMA/UTMA custodian for such beneficiary. I understand that this means I will not be able to change the Beneficiary on this Account, nor make Non-Qualified Withdrawals other than for the benefit of such Beneficiary. I understand that these same restrictions will apply to other contributions made to this Account, regardless of the source of the funds.

☐ **Rollover/Transfer Into the Bright Directions College Savings Program:** You may transfer funds from another 529 _____ qualified tuition program, directly transfer funds from a Coverdell Education Savings Account, and contribute proceeds from United States Savings Bonds. Certain rules and requirements must be met. For more information, consult the Bright Directions College Savings Program Disclosure Statement and your financial, tax, or legal advisor.

☐ Direct Rollover from another Qualified 529 Plan* ☐ Coverdell Education Savings Account*

☐ Qualified U.S. Savings Bond

*If you select this option, you must complete the Rollover Form and submit it with this Enrollment Form.

It is important that you provide a statement from the prior financial institution breaking down the earnings and cost basis. If you do not provide a statement, the entire amount will be treated as earnings in computing future withdrawals.

10. Banking Information

Account Type:

☐ Checking ☐ Savings

- Tape voided check here. Do not staple.

This bank account will automatically be linked to your Bright Directions College Savings Program Account for telephone and website purchases and redemption/withdrawal transactions.

☐ Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.

☐ Use the bank account information from my other 529 accounts in the Trust.

Bank account number(s) _____ Routing number(s) _____

If you are not the bank account owner - the named bank account owner(s) must authorize AIP and/or EFT service by signing here.

X _____
Signature

X _____
Signature

Your Name	1234
Pay to the order of	Date
Sample	\$
Bank Name and Address	Dollars
Member	
: 123456789:	34568:

TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.

11. Illinois Residents—Claim Your Illinois First Steps Seed Deposit

To submit your Illinois First Steps \$50 seed deposit claim, please complete this Bright Directions Enrollment Form including this Section 11.

Eligibility:

The Illinois First Steps \$50 seed deposit can be claimed if:

1. The Beneficiary in Section 3 was born or adopted on or after January 1, 2023 and is under the age of ten (10) years; and
2. The Account Owner in Section 1 is the parent or legal guardian of the Beneficiary in Section 3; and
3. The Account Owner in Section 1 was a resident of Illinois at the time of birth or adoption of the Beneficiary in Section 3; and
4. The seed deposit was not previously claimed.

If all of these conditions are met, complete the section below and check the box.

I am the named Account Owner in Section 1 above and certify the following:

- ☐ I am the parent or legal guardian of the Beneficiary designated in Section 3; I was a resident of Illinois at the time of the birth or adoption of such Beneficiary; such Beneficiary was born or adopted on or after January 1, 2023 and is under the age of ten (10) years; and, I am claiming the Illinois First Steps \$50 seed deposit for such Beneficiary.

Was the Beneficiary born in Illinois?

- ☐ Yes, Illinois Birth Record Number (if available): _____
- ☐ No, please include a copy of the birth certificate or adoption papers with this form.

Account Owner relationship to Beneficiary:

- ☐ Parent
- ☐ Legal Guardian (If claiming as legal guardian please include a copy of current Letters of Guardianship.)

Address at time of birth or adoption (City, State only): _____
(complete if the address is different than provided in Section 2 above)

The information submitted on this Enrollment Form will be verified against birth records and information from the Illinois Department of Public Health and Illinois Department of Revenue records. Only one Illinois First Steps \$50 seed deposit may be claimed per eligible child. If the Claim is verified the seed deposit will be made within 60-90 days following the end of the current quarter. The funds will be held in an omnibus account owned and managed by the Illinois State Treasurer.

12. Authorization

By signing below, I understand and hereby certify that:

I have received and consent and agree to all the terms and conditions of the Program Disclosure Statement, including all fees and expenses; the Account Participation Agreement; and, this Enrollment Form and agree to be bound by their terms and all amendments.

I understand each Account established herein is governed by an arbitration clause, which is set forth in Section 12 of the Account Agreement. I acknowledge receiving a copy of the arbitration clause.

I am at least 18 years of age and of full legal age in the state in which I reside.

I acknowledge that Accounts and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings Underlying Investment) or any other governmental agency; are not guaranteed by the State of Illinois, the Illinois State Treasurer, Union Bank and Trust Company or Northern Trust Securities, Inc.; and are subject to investment risk, including loss of principal.

I understand that it is the Program's policy to send one copy of the Program Disclosure Statement for all Accounts for which I am Account Owner. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.

I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.

By selecting the electronic transfer service in Section 9 and 10, I hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my Bright Directions College Savings Program Account so that I may purchase or sell shares by telephone or online at BrightDirections.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank and Trust Company will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my Bright Directions College Savings Program Account. Please retain a copy of this authorization for your records.

If established with a Trust as Account Owner, by signing this Enrollment Form the undersigned Trustee or Trustees certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s) and that there are no other Trustees of the Trust other than those listed in Section 1.

I authorize the Investment Professional assigned to my Account to have access to my Account and to act on my behalf with respect to my Account.

ILLINOIS FIRST STEPS \$50 SEED DEPOSIT, if I completed Section 11, I certify that:

I was a resident of Illinois at the time of birth or adoption of the Beneficiary named in Section 3; such Beneficiary was born or adopted on or after January 1, 2023 and is under ten (10) years of age; I am the parent or legal guardian of such Beneficiary; and I understand that only one \$50 seed deposit can be claimed for each Beneficiary.

I understand that the \$50 seed deposit will be held in an omnibus Bright Directions Account owned and managed by the Illinois State Treasurer and neither I nor any successor Account Owner will have control or access to the funds.

I understand that the seed deposit funds, if validly claimed by the Beneficiary's tenth birthday, may be used by a Beneficiary who is a resident of Illinois for qualified higher education expenses as defined by Illinois (does not include K-12 expenses) after the Beneficiary has completed secondary education or has reached the age of 18.

CERTIFICATION. Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature and Date Required

X _____
Signature of Account Owner, Custodian (UGMA/UTMA Account), or Trustee Date

Print Name Here Title (if an entity other than an individual is establishing the Account)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X _____
Signature of Co-Trustee

Print Name Here Date

**Northern Trust
Securities, Inc.**
DISTRIBUTOR



Michael W. Frerichs
ILLINOIS STATE TREASURER
Trustee & Administrator

UBT
Union Bank & Trust
Program Manager

November 2023