BrightDirections529
Advisor-Guided College Savings

Enrollment Form

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

Return this Form to:
Bright Directions 529
P.O. Box 82623
Lincoln, NE 68501

Overnight Mail:
Bright Directions 529
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 6 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): _____

☐ 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): _____

☐ 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): _____

☐ Check this box if the Beneficiary's address is the same as the Account Holder's, otherwise complete the following:

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

City, State, Zip: _____

Relationship of Account Owner to Beneficiary

☐ Parent ☐ Grandparent ☐ Aunt/Uncle ☐ Guardian ☐ Self ☐ Other _____

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): _____

Successor Account Owner Date of Birth (MM/DD/YYYY): _____ Phone Number: _____

Relationship to Account Owner: ☐ Spouse ☐ Other _____

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 and children under the age of 21) 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. Reducing the Sales Charge on Fee Structure A Units

The Sales Charge on Fee Structure A Units may be reduced or eliminated using Rights of Accumulation or a Letter of Intent. Please see the Program Disclosure Statement for additional information. Assets that were not subject to a sales charge will not count towards Rights of Accumulation or Letter of Intent (Bank Savings 529 Portfolio, Fidelity Short-Term Bond Index 529 Portfolio, Baird Short-Term Bond 529 Portfolio).

☐ **Rights of Accumulation ("ROA")**

Rights of Accumulation permits certain Account Owners and their immediate family (spouse and children under the age of 21) to aggregate Accounts across all Fee Structures within the Program to reduce the initial sales charge applicable to the purchase of Fee Structure A Units.

Provide the account numbers you would like linked so that future contributions (including this contribution) count toward ROA.

_____ Account Number

_____ Account Number

_____ Account Number

☐ **Letter of Intent** (Fee Structure A only)

I agree to the Letter of Intent provisions of the Program Disclosure Statement. I intend to invest over a 13-month period following the date of this Enrollment Form an aggregate amount of at least:

☐ $500,000

☐ $1,000,000

* If you do not invest the intended amount within 13 months, the sales charge will be adjusted.

8. Investment Portfolio Selection

Complete this section to allocate your initial and future contributions in the Portfolio(s) you select. **Whole percentages only.** Allocations must equal 100%. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.

Age-Based Options	
Aggressive Option	%
Moderate Option	%
Index Moderate Option (not available with Fee Structure E)	%
Conservative Option	%

Passive Enrollment Year Portfolios	
Passive 2043 – 2044 Portfolio	%
Passive 2041 – 2042 Portfolio	%
Passive 2039 – 2040 Portfolio	%
Passive 2037 – 2038 Portfolio	%
Passive 2035 – 2036 Portfolio	%
Passive 2033 – 2034 Portfolio	%
Passive 2031 – 2032 Portfolio	%
Passive 2029 – 2030 Portfolio	%
Passive 2027 – 2028 Portfolio	%
Passive 2025 – 2026 Portfolio	%
Passive College Enrollment Portfolio	%

Blend Enrollment Year Portfolios	
Blend 2043 – 2044 Portfolio	%
Blend 2041 – 2042 Portfolio	%
Blend 2039 – 2040 Portfolio	%
Blend 2037 – 2038 Portfolio	%
Blend 2035 – 2036 Portfolio	%
Blend 2033 – 2034 Portfolio	%
Blend 2031 – 2032 Portfolio	%
Blend 2029 – 2030 Portfolio	%
Blend 2027 – 2028 Portfolio	%
Blend 2025 – 2026 Portfolio	%
Blend College Enrollment Portfolio	%

Static Portfolios	
Equity Portfolio	%
Growth Portfolio	%
Balanced Portfolio	%
Fixed Income Portfolio	%

Individual Fund Portfolios		
	Bank Savings 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 Hamiliton Quality Bond 529 Portfolio	%
	iShares Short-Term TIPS Bond Index 529 Portfolio	%
	BlackRock High Yield 529 Portfolio	%
	Credit Suisse Floating Rate High Income 529 Portfolio	%
	AB Global Bond 529 Portfolio	%
	Payden Emerging Markets Bond 529 Portfolio	%
	T. Rowe Price Balanced 529 Portfolio	%
Real Assets	DFA Real Estate Securities 529 Portfolio	%
	Principal Global Real Estate Securities 529 Portfolio	%
	Virtus Duff & Phelps Global Infrastructure 529 Portfolio	%
Domestic (U.S.) Equity	MFS Value 529 Portfolio	%
	T. Rowe Price Equity Income 529 Portfolio	%
	Northern Stock Index 529 Portfolio	%
	Calvert Equity 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 529 Portfolio	%
	Northern Small Cap Value 529 Portfolio	%
	Northern Small Cap Index 529 Portfolio	%
	Nomura Small Cap Core 529 Portfolio	%
	Harbor Small Cap Growth 529 Portfolio	%
International Equity	Dodge & Cox International Stock 529 Portfolio	%
	Northern International Equity Index 529 Portfolio	%
	Lazard International Dynamic Equity ETF 529 Portfolio	%
	Neuberger International Select 529 Portfolio	%
	DFA International Small Company 529 Portfolio	%
	BlackRock Emerging Markets 529 Portfolio	%

8. Investment Portfolio Selection (continued from previous page)

The following Portfolios are available in Fee Structure F Accounts ONLY:

FEE STRUCTURE F ACCOUNTS ONLY - Individual Fund ETF Portfolios			
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	%

ILLINOIS firststeps

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

Illinois First Steps is a program designed to jump start college savings with a free $50 seed deposit for eligible Illinois children.

Eligibility Requirements: (complete ALL six questions below):

1. **Were you a resident of the state of Illinois at the time of birth or adoption of the Beneficiary in Section 3?**
   ☐ **YES** ☐ **NO**
2. **Are you the Parent or Legal Guardian of the Beneficiary in Section 3?**
   (Grandparents are not eligible to claim unless they are the Legal Guardian)
   ☐ **YES** ☐ **NO**
3. **Is the Beneficiary in Section 3 under the age of ten (10)?**
   ☐ **YES** ☐ **NO**
4. **Was the Beneficiary in Section 3 born or adopted in 2023 or after?**
   ☐ **YES** ☐ **NO**
5. **Was the Beneficiary in Section 3 born in Illinois?**
   (Illinois residents whose child was born outside of Illinois may still qualify for Illinois First Steps.)
   ☐ **YES**—Please provide the Illinois birth certificate number _____
   ☐ **NO**—Please list the Beneficiary birth location: city _____, state _____, country _____
6. **Was the Beneficiary adopted?**
   ☐ **YES**—provide year of adoption _____
   ☐ **NO**

Eligible Illinois First Steps claims will be submitted for review.

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.

10. 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 11.

☐ **Automatic Investment Plan** $_____

- This authorizes automatic investments from your bank account. Please provide your bank information in Section 11 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 (Date Each Month): _____
☐ Jan., Apr., Jul., Oct. ☐ Feb., May, Aug., Nov. ☐ Mar., Jun., Sep., Dec.
(If you do not provide a date, the transfer will occur on the 20th of each respective month.)

☐ 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.

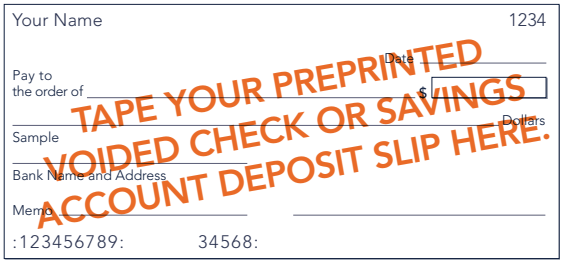
It is important that you provide a statement from the prior financial institution breaking down the earnings and cost basis. If you do not provide a statement, the entire amount will be treated as earnings in computing future withdrawals.

11. 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 Program.

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 _____ X _____

Signature Signature

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 Lights Distributors, LLC; 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 10 and 11, 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.

12. Authorization (continued from previous page)

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 Enrollment 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.

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 meet the Eligibility Requirements provided in Section 9, 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 Lights Distributors, LLC
An Affiliate of ULTIMUS FUND SOLUTIONS
Distributor

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT Union Bank & Trust
Program Manager