



# Fee Structure E Employer Authorization Form

(for employers with 25 or more employees)

**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).

**1.**

## Employer Information

Company or Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Contact person Email: \_\_\_\_\_

Total Number of Employees (25 or more employees are required for Fee Structure E availability): \_\_\_\_\_

**2.**

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

Investment Professional Name: \_\_\_\_\_ Rep. Number: \_\_\_\_\_

Investment Professional Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Name of Broker/Dealer Firm: \_\_\_\_\_

**3.**

## Authorization

By signing, I certify that the above-referenced company or agency employs 25 or more employees and qualifies for Fee Structure E.

Signature and Date Required	
<input checked="" type="checkbox"/>	_____
Signature of Company Representative	Date (MM/DD/YYYY)
_____	
Print Name and Title	
<input checked="" type="checkbox"/>	_____
Signature of Financial Advisor	Date (MM/DD/YYYY)
_____	
Print Name	

**Northern Trust  
Securities, Inc.**  
DISTRIBUTOR

 **Michael W. Frerichs**  
ILLINOIS STATE TREASURER  
Trustee & Administrator

**UBT**  
Union Bank & Trust  
Program Manager