BrightDirections529
Advisor-Guided College Savings

Automatic Investment Plan/ Electronic Bank Transfer Form

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 6 p.m. (Central).

1. Current Account Information

Account Number: _____

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

Daytime Phone Number: _____ Evening Phone Number: _____

Name of Beneficiary: _____

2. Action to Be Taken (Check One)

☐ **Start a New** Automatic Investment Plan (Complete Sections 3, 5 and 6)

☐ **Modify an Existing** Automatic Investment Plan (Complete Sections 3 and 6)

☐ **Add or Change Banking Information** on file for contributions and redemptions (Complete Sections 5 and 6)

☐ **One-time Electronic Funds Transfer** (Complete Sections 4, 5 and 6)

☐ **Discontinue** my Automatic Investment Plan (Complete Section 6)

3. Amount and Frequency of Transactions

Complete this Section if you checked "Start a New Automatic Investment Plan or Modify an Existing Automatic Investment Plan" in Section 2 above.

Automatic Investment Plan Amount: $ _____

Frequency of Transactions (Check one):

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

☐ Twice a month (Dates) _____ and _____
(If you do not provide dates, the transfers will occur on the 11th and the 25th of each month.)

☐ Quarterly (Date Each Month) _____
☐ January, April, July, October ☐ February, May, August, November ☐ March, June, September, December

☐ Annually (MM/DD) _____

4. One-Time Electronic Bank Transfer

Amount to be Transferred from your Bank Account $ _____

☐ **Invest pursuant to my current investment allocation on file**
☐ **Invest this one-time amount per the following direction** (for this contribution only):

529 Portfolio	Amount
	$
	$
	$

5. Bank Information

Fill out the following to add or update bank instructions to your Bright Directions Account for an Automatic Investment Plan, Electronic Bank Transfer, subsequent contributions, or redemptions.

☐ **Add bank information**
☐ **Add bank information – bank account owner is not the same as Account Owner (Medallion Signature REQUIRED in Section 6.)**
☐ **Replace current bank account ending** _____ **(provide last 4 digits of bank account number)**

Account Type

☐ Checking ☐ Savings Name on bank account: _____
If the bank account is a joint account, please list the 529 Account Owner.

- **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 purchase and redemption/withdrawal transactions.

6. Authorization

By signing below, I certify that the information contained herein is true, complete, and correct.

By selecting the electronic transfer service in Sections 2, 3, 4, and/or 5, I (the contributor) herby 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. As the Bright Directions College Savings Program Account Owner 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 the Bright Directions College Savings Program Account. Please retain a copy of this authorization for your records.

6. Authorization (continued from previous page)

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.

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

X _____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee — Date

_____

Print Name Here

_____

Title (if other than an individual)

Bank Account Owner's Signature (if the contributor is different than the Bright Directions Account Owner).
MEDALLION SIGNATURE GUARANTEE REQUIRED

I acknowledge that my above-referenced bank account will be linked to the Bright Directions College Savings Program Account referenced in Section 1.

X _____

Bank Account Owner's Signature (if the contributor is different than the Bright Directions Account Owner). — Date

_____

Print Name Here

Medallion Signature Guarantee

A Medallion Signature Guarantee is required if the name on the bank account is not the same as the Bright Directions College Savings Program Account Owner.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)

Northern Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager