BrightDirections529
Advisor-Guided College Savings

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

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Beneficiary (First, M.I., Last): _____

2. Reason for Transfer (Check one)

☐ **Current Account Owner transferring ownership and all rights and interests to new Account Owner**

☐ **Death of current Account Owner**

☐ **UGMA/UTMA Minor attaining age of majority**

☐ **Other** (specify)**:** _____

3. Amount of Transfer to New Account Owner (Check one)

☐ **Entire balance** (the Account listed in Section 1 will be closed after the transfer)

☐ **Partial transfer:**

$_____ or _____%

4. New Account Owner Information

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

Social Security Number or Taxpayer Identification Number: _____

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

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

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

5. New Account Owner Authorization and Signature

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 Account Owner Change Form and agree to be bound by their terms and all amendments.

I understand that the above-referenced Account will continue to have the same Beneficiary designation, same successor Account Owner designation (except in the case this Form is being completed due to the death of the Account Owner), same Fee Structure election, same Investment Professional, and same Investment Portfolio Selection as currently on file with Bright Directions. As the new Account Owner I understand that I may make a change in any of the foregoing by completing the proper plan paperwork.

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.

If established with a Trust as Account Owner, by signing this Change of Account Owner 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 4.

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

CERTIFICATION. Under penalties of perjury, I certify:

1. That the number shown on this form is my correct Taxpayer Identification Number, and that

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.

If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your financial advisor, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.

Signature and Date Required

X _____

Signature of Account Owner or Trustee — Date

_____

Print Name Here

_____

Title (if an entity other than an individual is the new Account Owner)

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 — Date

_____

Print Name Here

6. Current Account Owner Signature

I certify that all of the information contained herein is true and correct. I direct the Bright Directions College Savings Program to make the change of Account Owner indicated above.

Please have your signature Medallion guaranteed in Section 7.

If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your financial advisor, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.

Signature of Current Account Owner Required

X _____

Signature of Current Account Owner — Date

_____

Print Name Here

_____

Title (if an entity other than an individual is the current Account Owner)

7. Medallion Signature Guarantee REQUIRED

A Medallion Signature Guarantee is required:

1. For the signature in Section 6 if the current Account Owner is requesting the change.
2. For the signature in Section 5 if the current Account Owner is deceased or becomes legally incapacitated and the New Account Owner is assuming ownership per procedures outlined in the Bright Directions Advisor-Guided College Savings Program Disclosure Statement.

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