



Add or Change a Successor Account Owner 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 7 p.m. (Central).

1. Current Account Information

Account Number: _____

Account Owner Name (First, Middle, Last): _____

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Beneficiary: _____

2. Add or Change a Successor Account Owner

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.

☐ **Remove the current Successor Account Owner without designating a new Successor Account Owner**

☐ **Add a new Successor Account Owner** (This designation will replace the Successor Account Owner currently named on the Account)

Successor Account Owner Name (First, Middle, Last): _____

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

3. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct.

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)

**Northern Trust
Securities, Inc.**

DISTRIBUTOR



Michael W. Frerichs

ILLINOIS STATE TREASURER

Trustee & Administrator

UBT

Union Bank & Trust

Program Manager