BrightDirections529
Advisor-Guided College Savings

Fund Transfer Form

Use this form to transfer funds between Bright Directions Accounts.

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. Account Information

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

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

Daytime Phone Number: _____ Evening Phone Number: _____

2. Transfer Funds Between Bright Directions Accounts

A. Transfer Funds From:

Account Number: _____ Beneficiary Name: _____

Amount to Transfer (check one)

☐ Partial Transfer: $ _____ or _____%

(If you have more than one investment option, you may specify certain funds to transfer. To specify certain funds, please complete the information below. If instructions are not provided below, funds will be transferred on a pro-rata basis.)

529 Investment Option	Fee Structures (select one)	Dollar Amount OR Percent	
	☐A ☐C ☐E ☐F	$	%
	☐A ☐C ☐E ☐F	$	%
	☐A ☐C ☐E ☐F	$	%
	☐A ☐C ☐E ☐F	$	%

☐ Entire Balance

☐ Entire Balance and Close Account

B. Transfer Funds To:

Account Number: _____ Beneficiary Name: _____

Relationship between Beneficiaries on the Accounts

(i.e., brother, sister, first cousin, etc.): _____

- **Important:** The beneficiaries named on the two above-referenced accounts must either be members of the same family or the same individual; otherwise, the transfer will be considered a Non-Qualified Withdrawal. The earnings portion of a Non-Qualified Withdrawal is subject to federal and state income taxes, as well as an additional 10% federal penalty tax, and the recapture of any previous Illinois tax deductions taken for the contribution portion of the withdrawal. See the Program Disclosure Statement for the definition of "Member of the Family".

2. Transfer Funds Between Bright Directions Accounts (continued from previous page)

C. How to Transfer:

☐ Transfer to the asset allocation/investment option(s) on file for the recipient account.

- **If the beneficiary on both accounts is the same and the asset allocation on the recipient account is different, this transfer will be considered an investment change.** The IRS only allows two investment changes per calendar year or upon the change of the beneficiary.
- Future contributions will be invested in the share class and asset allocation for the recipient account.

☐ Transfer In-Kind.

- Shares will be moved to the new account "as is".
- Will **NOT** be considered an investment change for the beneficiary.
- If the beneficiaries are **NOT** the same and the transferred funds are currently invested in an Age-Based Portfolio, funds will be invested according to the recipient account beneficiary age.

PLEASE NOTE: Transferred funds will maintain their existing fee structure, regardless of the fee structure of the recipient account. If you have questions regarding fee structures, please contact your financial advisor for assistance.

3. Authorization

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

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 or Trustee — Date

_____

Print Name Here

_____

Title (if other than an individual)

Northern Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager