BrightDirections529
Advisor-Guided College Savings

UGMA/UTMA Account Update Form

Return this Form to:	Overnight Mail:
Bright Directions College Savings Program P.O. Box 82623 Lincoln, NE 68501	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: _____

Current UGMA/UTMA Custodian Name (First, M.I., Last): _____

Daytime Phone Number: _____ Evening Phone Number: _____

Name of Beneficiary: _____

2. Change Current Custodian

(Medallion Signature Guarantee REQUIRED in Section 5. The new Custodian must complete Section 6)

New UGMA/UTMA Custodian Information:

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

Social Security Number or Taxpayer Identification Number: _____

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

Street Address (no PO Boxes): _____

City, State, Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

3. Add a Successor Custodian

(A successor custodian becomes the custodian if the current custodian dies, resigns, or is declared legally incompetent.)

UGMA/UTMA Successor Custodian Name (First, M.I., Last): _____

UGMA/UTMA Successor Custodian Date of Birth (MM/DD/YYYY): _____

UGMA/UTMA Successor Custodian City, State: _____

4. Current Custodian Authorization and Signature

By signing below, I hereby certify that I am the current Custodian of the UGMA/UTMA Account indicated on this form and that the information contained herein is true, complete, and correct.

If I have completed Section 2, I hereby resign as Custodian. THIS FORM MUST BE MEDALLION SIGNATURE GUARANTEED IN SECTION 5. The new Custodian needs to review and complete Section 6.

If I have completed Section 3, this successor Custodian designation will replace the successor custodian currently named on the Account and is effective only upon my death, my resignation as custodian, or my legal incapacitation.

Signature and Date Required

X _____

Signature of Custodian Date

_____

Print Name Here

5. Medallion Signature Guarantee (REQUIRED When Changing Custodian's in Section 2.)

A Medallion Signature Guarantee of the signature in Section 4 is required when Changing Custodian's in Section 2.

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)

6. New Custodian Authorization and Signature

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

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 Enrollment Form and agree to be bound by their terms and all amendments.

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 or Custodian. 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.

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

Signature and Date Required

X _____

Signature of Custodian Date

_____

Print Name Here

Northern Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager